## Agency 109

# Board of Emergency Medical Services

**Editor's Note:**
The Emergency Medical Services Council was abolished on April 14, 1988. Powers, duties, and functions were transferred to its successor, the Emergency Medical Services Board. See K.S.A. 1988 Supp. 65-6101.

*Articles*



### Article 1.—DEFINITIONS

**109-1-1. Definitions.** The following words and phrases shall have the following meanings as used in this agency's regulations.

(a) "Administrator" means the administrator of the emergency medical services board.

(b) "Air ambulance" means a fixed-wing or rotorwing aircraft that is specially designed, constructed or modified, maintained, and equipped to provide air medical transportation of patients.

(c) "Air medical advisor" means a physician as defined by K.S.A. 65-6112, and amendments thereto, who meets these requirements:

(1) Is trained and experienced in care consistent with the air ambulance service's mission statement; and

(2) is knowledgeable in altitude physiology and the complications that may arise due to air medical transport.

(d) "Air medical personnel" means the attendants listed with the air ambulance service, specialty patient care providers specific to the mission, and the pilot or pilots necessary for the operation of the aircraft.

(e) "Airway maintenance," as used in K.S.A. 65-6121 and amendments thereto, and as applied to the authorized activities of an emergency medical technician-intermediate, is the use of any invasive oral equipment and procedures necessary to assure the adequacy and quality of ventilation and oxygenation.

(f) "CECBEMS" means the national Continuing Education Coordinating Board for Emergency Medical Services.

(g) "Class" means the period during which a group of students meets.

(h) "Clinical preceptor" means an individual who is responsible for supervision and evaluation of students in clinical training in a health care facility.

(i) "Continuing education" means a formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of emergency medical services practice, values, skills, and knowledge.

(j) "Contrived experience," as used in K.A.R. 109-11-3, means a simulated ambulance call to include dispatch communications, responding to

the scene, assessment and management of the scene and patient or patients, biomedical communications with medical control, ongoing assessment, care and transportation of the patient or patients, transference of the patient or patients to the staff of the receiving facility, completion of records, and preparation of the ambulance for return to service.

(k) "Course of instruction" means a body of prescribed EMS studies constituting a curriculum.

(l) "Critical care transport" means transport by a type V ambulance of a patient who receives care commensurate with the scope of practice of a physician or a licensed professional nurse.

(m) "Emergency care" means the services provided after the onset of a medical condition of sufficient severity that the absence of immediate medical attention could reasonably be expected to cause any of the following:

(1) Place the patient's health in serious jeopardy;

(2) seriously impair bodily functions; or

(3) result in serious dysfunction of any bodily organ or part.

(n) "EMS" means emergency medical services.

(o) "EMT" means emergency medical technician.

(p) "EMT-D" means emergency medical technician-defibrillator.

(q) "EMT-I" means emergency medical technician-intermediate.

(r) "Field internship preceptor" means an individual who is responsible for supervision and evaluation of students in field training with an ambulance service.

(s) "Incompetence," as applied to attendants and as used in K.S.A. 65-6133 and amendments thereto, means a demonstrated lack of ability, knowledge, or fitness to perform patient care according to applicable medical protocols or as defined by the authorized activities of the attendant's level of certification.

(t) "Incompetence," as applied to instructor-coordinators and training officers and as used in K.S.A. 65-6133 and K.S.A. 65-6129c and amendments thereto, means a pattern of practice or other behavior that demonstrates a manifest incapacity or inability to instruct.

(u) "Incompetence," as applied to an operator and as used in K.S.A. 65-6132 and amendments thereto, means an inability to provide the level of service required for the class of permit held.

(v) "Instructor-coordinator (I-C)" means any of the following individuals who are certified to instruct and coordinate attendant training programs:

(1) Emergency medical technician;

(2) emergency medical technician-intermediate;

(3) emergency medical technician-defibrillator;

(4) mobile intensive care technician;

(5) physician; or

(6) registered professional nurse.

(w) "Lab assistant" means an individual who is assisting a primary instructor in the instruction and evaluation of students in classroom laboratory training sessions.

(x) "Long-term provider approval" means that the provider has been approved by the administrator or the administrator's designee to provide any continuing education program. Long-term provider approval may be granted for a one-year probationary period to new applicants. After completion of the probationary year, long-term providers may reapply for approval every five years.

(y) "MICT" means mobile intensive care technician.

(z) "Primary instructor" means an instructor-coordinator or training officer II who is listed by the provider of training as the individual responsible for the effective delivery of cognitive, psychomotor, and affective objectives of an approved initial course of instruction and who is the person primarily responsible for evaluating student performance and developing student competency.

(aa) "Prior-approved continuing education" means material submitted by a provider, to the board, that is reviewed and subsequently approved by the administrator or the administrator's designee, in accordance with criteria established by regulations, and that is assigned a course identification number.

(bb) "Providers of continuing education" means professional associations, accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, corporations, or emergency medical services regional councils, approved by the administrator to offer continuing education programs on either a long-term provider basis or a single-program provider basis.

(cc) "Public call" means the request for an ambulance to respond to the scene of a medical

emergency or accident by an individual or agency other than any of the following:

(1) A type I or type II ambulance service;

(2) the Kansas highway patrol or any law enforcement officer certified as an attendant who is at the scene of an accident or medical emergency;

(3) a physician who is at the scene of an accident or medical emergency; or

(4) an attendant who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.

(dd) "Retroactively approved continuing education" means credit issued to the attendant after attending the workshop, conference, seminar, or other offering that is reviewed and subsequently approved by the administrator or the administrator's designee, in accordance with criteria established by the board.

(ee) "Single-program provider approval" means that the provider has been granted approval to offer a specific continuing education program.

(ff) "Site coordinator" means a person supervising, facilitating, or monitoring students, facilities, faculty, or equipment at a training site.

(gg) "Sufficient application" means that the information requested on the application form is provided in full, no additional information is required to complete the processing of the application, and any applicable fee has been paid.

(hh) "Training officer I" means a person who has been certified by the board to coordinate attendant continuing education training programs for accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, corporations, professional associations, or emergency medical services regional councils.

(ii) "Training officer II" means a person who is certified by the board to function as a continuing education training program coordinator and as a primary instructor of first responder initial courses of instruction.

(jj) "Training program accreditation" means accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, or corporations approved by the administrator or the administrator's designee to conduct EMS initial courses of instruction on a long-term provider basis.

(kk) "Type I ambulance service" means a ground-based service that provides emergency response and advanced life support, as described in the authorized activities of mobile intensive care technicians in K.S.A. 65-6119, and amendments thereto.

(ll) "Type II ambulance service" means a ground-based service that provides emergency response and basic life support, as described in authorized activities of emergency medical technicians in K.S.A. 65-6121, and amendments thereto. A Type II ambulance service may provide advanced life support when staffed with any of these individuals:

(1) Emergency medical technicians-intermediate;

(2) emergency medical technicians-defibrillator;

(3) mobile intensive care technicians;

(4) registered professional nurses;

(5) registered physician's assistants; or

(6) physicians.

(mm) "Type V ambulance service" means an air or ground-based ambulance service that provides critical care transport, as defined in K.A.R. 109-1-1, and is not subject to public call.

(nn) "Unprofessional conduct," as applied to attendants and as used in K.S.A. 65-6133, and amendments thereto, means conduct that violates those standards of professional behavior that through professional experience have become established by the consensus of the expert opinion of the members of the emergency medical services profession as reasonably necessary for the protection of the public. This conduct shall include any of the following:

(1) Failing to take appropriate action to safeguard the patient;

(2) performing acts beyond the activities authorized for the level at which the individual is certified;

(3) falsifying a patient's or an ambulance service's records;

(4) verbally, sexually, or physically abusing a patient;

(5) violating statutes or regulations concerning the confidentiality of medical records or patient information obtained in the course of professional work;

(6) diverting drugs or any property belonging to a patient or an agency;

(7) making a false or misleading statement on an application for certification renewal or any agency record;

(8) engaging in any fraudulent or dishonest act

that is related to the qualifications, functions, or duties of an attendant; or

(9) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the emergency medical services statutes or board regulations, including failing to furnish any documents or information legally requested by the board. Attendants who fail to respond to requests for documents or requests for information within 30 days from the date of request shall have the burden of demonstrating that they have acted in a timely manner.

(oo) "Unprofessional conduct," as applied to instructor-coordinators and training officers and as used in K.S.A. 65-6133 and K.S.A. 65-6129c, and amendments thereto, means any of the following:

(1) Engaging in behavior that demeans a student. This behavior shall include ridiculing a student in front of other students or engaging in any inhumane or discriminatory treatment of any student or group of students;

(2) verbally or physically abusing a student;

(3) failing to take appropriate action to safeguard a student;

(4) falsifying any document relating to a student or the emergency medical services agency;

(5) violating any statutes or regulations concerning the confidentiality of student records;

(6) obtaining or seeking to obtain any benefit, including a sexual favor, from a student through duress, coercion, fraud, or misrepresentation, or creating an environment that subjects a student to unwelcome sexual advances, which includes physical touching or verbal expressions;

(7) an inability to instruct because of alcoholism, excessive use of drugs, controlled substances or any physical or mental condition;

(8) reproducing or duplicating a state examination for certification without board authority;

(9) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an instructor-coordinator or training officer;

(10) willfully failing to adhere to the course syllabus; or

(11) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the emergency medical services statutes or board regulations, including failing to furnish any documents or information legally requested by the board. Instructor-coordinators and training officers who fail to respond to requests for documents or requests for information within 30 days of the request shall have the burden of demonstrating that they have acted in a timely manner. (Authorized by K.S.A. 1998 Supp. 65-6110, 65-6111; implementing K.S.A. 1998 Supp. 65-6110, 65-6111, 65-6121, 65-6129, 65-6129b, and 65-6129c, K.S.A. 65-6132, and K.S.A. 1998 Supp. 65-6133; effective May 1, 1985; amended May 1, 1986; amended, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended March 16, 1992; amended Jan. 31, 1994; amended Jan. 30, 1995; amended Jan. 31, 1997; amended Nov. 12, 1999.)

**109-1-2. Medical advisor.** Each air ambulance service shall have an air medical advisor who is responsible for advising the air ambulance service on policies and procedures which assure that the appropriate aircraft, medical personnel, and equipment are provided during air ambulance transport. When necessary, the air medical advisor may designate another licensed physician to perform the air medical advisor's duties. (Authorized by K.S.A. 1995 Supp. 65-6110; implementing K.S.A. 65-6126; effective Jan. 31, 1997.)

## Article 2.—AMBULANCE SERVICES; PERMITS AND REGULATIONS

**109-2-1. Service director.** Each operator shall designate a person as the service director. The service director shall be responsible for the operation of the ambulance service, and shall be available to the board regarding permit and regulatory matters. (Authorized by K.S.A. 1995 Supp. 65-6110; implementing K.S.A. 65-6127; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997.)

**109-2-2. Application for ambulance service permit and ambulance vehicle license; permit renewal and license renewal.** (a) (1) An applicant may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate. Each applicant shall indicate the class of service for the permit requested.

(2) An applicant may apply for only one ambulance vehicle license for each ambulance that the applicant seeks to operate. Each applicant shall indicate the type of ambulance for the license requested.

(b) All ambulance service permit and ambu-

lance vehicle license application and renewal forms shall be submitted on the original forms provided by the administrator. Copies, facsimiles, electronic filings, and other reproductions shall not be accepted.

(c) (1) Except as provided in paragraph (c) (2), each ambulance service permit and ambulance vehicle license shall expire on April 30 of each year and may be renewed annually in accordance with this regulation.

(2) If the board receives an application for renewal of an ambulance service permit on or before April 30, the existing ambulance service permit shall not expire until the board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review of the board's action or a later date fixed by the reviewing court.

(d) Each application for renewal of an ambulance service permit and for renewal of an ambulance vehicle license shall be provided to the administrator no later than 30 days before expiration of the permit and license.

(e) If the board receives an insufficient application or renewal, the applicant or operator shall be notified by the board of any errors or omissions. If the applicant or operator fails to correct the deficiencies and submit a sufficient application within 30 days from the date of written notification, the application may be considered by the board as withdrawn.

(f) An application for ambulance service permit or permit renewal shall be deemed sufficient when both of the following conditions are met:

(1) The applicant or operator completes all forms provided with the application for ambulance service permit or permit renewal, and no additional information is required by the board to complete the processing of the application.

(2) The applicant or operator submits payment of the fee in the correct amount for the ambulance service permit or permit renewal.

(g) An application for ambulance vehicle license or license renewal shall be deemed sufficient when both of the following conditions are met:

(1) The applicant or operator completes all forms provided with the application for an ambulance vehicle license or license renewal, and no additional information is required by the board to complete the processing of the application.

(2) The applicant or operator submits payment of the fee in the correct amount for each ambulance vehicle. (Authorized by K.S.A. 1999 Supp. 65-6110 and K.S.A. 1999 Supp. 65-6111; implementing K.S.A. 65-6127 and 65-6128, as amended by L. 2000, Ch. 117, § 1; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000.)

**109-2-3.** (Authorized by and implementing K.S.A. 1984 Supp. 65-4318; effective May 1, 1985; revoked Jan. 31, 1997.)

**109-2-4. Display of permits, licenses, and certificates.** (a) Each operator shall prominently display the ambulance service permit at the service's administrative office.

(b) Each operator shall maintain a current list of the service's attendants, and shall maintain a current copy of each attendant's certification or renewal card.

(c) Each ambulance shall have the ambulance license prominently displayed in the patient compartment. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110, 65-6111, K.S.A. 65-6127 and 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997.)

**109-2-5. Ambulance service operational standards.** (a) Each ambulance service in a county which has been assigned to the emergency medical services communications system by the board and which operates ambulances that are required to have direct, two-way radio communications shall fully participate in the operation and maintenance of that communications system.

(b) No person who boards an ambulance shall carry on board or wear any firearm, whether concealed or visible while the ambulance is operating in any patient transport function within the state. However, the prohibition shall not apply to law enforcement officers as defined in K.S.A. 74-5602 or corrections officers as defined in K.S.A. 75-5202.

(c) Smoking shall be prohibited in the patient and driver compartments at all times.

(d) Each operator shall clean and maintain in good working order the interior and exterior of the ambulance and any medical supplies and equipment within the ambulance, except when the vehicle has been placed "out of service."

(e) Each operator shall use freshly laundered linen or disposable linen on cots and pillows, and the linen shall be changed after each patient is transported.

(f) When an ambulance has been utilized to

transport a patient known to have an infectious disease, the operator shall disinfect the ambulance, any equipment used, and all contact surfaces according to the service's infectious disease exposure plan. The operator shall place the ambulance "out of service" until a thorough cleansing is conducted.

(g) Each operator shall place in cabinets or properly secure all equipment in the patient compartment while the vehicle is in motion.

(h) Each ground ambulance shall receive a mechanical and safety inspection prior to December 1st of each year. Each operator shall provide a report of the inspection results to the board on forms provided by the administrator. An operator shall correct all deficiencies determined by the inspection prior to submitting the inspection form.

(i) Each operator shall submit the mechanical and safety inspection forms to the board with the application for ambulance vehicle licensure or renewal.

(j) Each operator shall park all ground ambulances in a completely enclosed building with a solid concrete floor. Each operator shall maintain the interior heat at no less than 50 degrees fahrenheit. Each operator shall ensure that the interior of the building is kept clean and has adequate lighting. Each operator shall store all supplies and equipment in a safe manner.

(k) Each licensed ambulance shall meet all regulatory requirements for the ambulance license type, except when the operator has notified the administrator that the ambulance is out of service.

(l) An operator may apply for a temporary license for an ambulance. Each temporary license shall be valid for 60 days and may be approved for additional time by the administrator.

(m) If an operator has only one licensed ambulance, and this ambulance is out of service for more than 24 hours due to mechanical failure, maintenance, or repair, the operator shall notify the administrator and submit an alternative plan for providing ambulance service for the operator's primary territory of coverage. The alternative plan shall be subject to approval by the administrator and shall remain in effect no more than 15 days from the date of approval.

(n) Each operator shall have a telephone with an advertised emergency number which is answered by an attendant or other person designated by the operator 24 hours a day. Answering machines shall not be permitted.

(o) Each operator shall maintain a place of business at an identified street address where the permit is posted and service records are kept.

(p) Each operator shall maintain a current call schedule or duty roster which demonstrates compliance with K.S.A. 65-6135. The duty roster shall reflect appropriate staffing for the service and ambulance type as defined in K.A.R. 109-2-6 and 109-2-7.

(q) A patient care report form shall be completed for each patient receiving pre-hospital assessment, care or transportation either to or from a medical facility. Each operator shall furnish a completed copy or copies of each patient care report form to the board on request.

(r) Each operator shall maintain a daily record of each request for ambulance response. This record shall include the date, time of call, scene location, vehicle number, trip number, patient's name, agency or person calling, nature of call and disposition of each patient.

(s) Each operator shall maintain a copy of each patient care record for a period of not less than three years.

(t) An attendant shall leave a copy of the patient care report form for each patient transported by ambulance at the hospital receiving the patient.

(u) In the event that an attendant is unable to complete a patient care report form before leaving the receiving hospital, an attendant shall provide a copy of the patient care report form to the receiving hospital within 24 hours of the patient's arrival.

(v) Each publicly subsidized operator shall provide the following statistical information to the board before March 1st of each calendar year:

(1) the number of emergency and non-emergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the operating budget and tax subsidy;

(3) the charge for emergency and non-emergency patient transports, including mileage fees; and

(4) the number of full-time, part-time, and volunteer staff.

(w) Each operator shall provide a quality improvement program which establishes medical review procedures for monitoring patient care activities. This program shall include policies and procedures for reviewing patient care report forms. Each operator shall review patient care activities on at least a quarterly basis each year to

determine whether the service's attendants are providing appropriate patient care.

(1) Review of patient care activities shall include quarterly participation by the service's medical advisor in a manner that assures the medical advisor is meeting the requirements of K.S.A. 65-6126.

(2) Each operator shall, upon request, provide documentation to the administrator or the administrator's designee demonstrating that the operator is performing patient care reviews.

(3) Each operator shall maintain documentation of all medical reviews of patient care activities at least two years.

(4) Each operator shall have the duty to report to the board any finding that an attendant or other health care provider functioning for the operator:

(A) acted below the applicable standard of care, and because of such action, had a reasonable probability of causing injury to a patient; or

(B) acted in a manner which may be grounds for disciplinary action by the board or appropriate licensing agency.

(x) Each ambulance service operator shall develop and implement operational protocols which shall have a table of contents and address policies and procedures for each of the following topics:

(1) radio and telephone communications;

(2) inter-hospital transfers;

(3) emergency driving and vehicle operations;

(4) do not resuscitate orders (DNR) and living wills;

(5) multiple victim and mass casualty incidents;

(6) hazardous material incidents;

(7) infectious disease exposure;

(8) crime scene management;

(9) documentation of patient reports;

(10) consent and refusal of treatment; and

(11) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service.

(y) Each air ambulance service operator shall develop an air safety training program for all regularly scheduled air medical personnel by July 1, 1997. The program shall be tailored to the air ambulance service's specific needs and approved by the service's air medical advisor. The program shall include the following:

(1) air medical and altitude physiology;

(2) aircraft orientation, including specific capabilities, limitations, and safety measures for each aircraft used;

(3) depressurization procedures for fixed-wing aircraft;

(4) safety in and around the aircraft, including FAA rules and regulations pertinent to safety for all air medical personnel, patients, and lay individuals;

(5) rescue and survival techniques appropriate to the terrain and the conditions under which the air ambulance service operates;

(6) hazardous scene recognition and response for rotorwing aircraft;

(7) aircraft evacuation procedures, including rapid loading and unloading of patients;

(8) refueling procedures for normal and emergency situations; and

(9) in-flight emergencies and emergency landing procedures.

(z) Each air ambulance service operator shall maintain documentation demonstrating the initial completion and annual review of the air safety training program for all regularly scheduled air medical personnel, and shall provide this documentation to the board on request.

(aa) Each air ambulance service operator shall, by July 1, 1997, provide an informational publication which promotes the proper use of air medical transport. This publication shall be provided, on request, to all ground-based ambulance services, law enforcement agencies, and hospitals which use the air ambulance service. Each manual shall address the following topics:

(1) availability, accessibility, and scope of care of the air ambulance service;

(2) capabilities of air medical personnel and patient care modalities afforded by the air ambulance service;

(3) patient preparation before air medical transport;

(4) landing zone designation and preparation;

(5) communication and coordination between air and ground medical personnel; and

(6) safe approach and conduct around the aircraft.

(bb) Each ambulance service operator shall develop and implement medical protocols.

(1) Each operator's medical protocols shall receive annual written approval by the emergency committee of the county medical society.

(2) In those counties where there is no emergency committee of the county medical society, medical protocols shall be approved by the medical staff of the hospital to which the ambulance service primarily transports patients.

(cc) Each operator's medical protocols shall include treatment procedures for the following medical and trauma-related conditions:

(1) diabetic emergencies;
(2) shock;
(3) environmental emergencies;
(4) chest pain;
(5) abdominal pain;
(6) respiratory distress;
(7) obstetrical emergencies;
(8) poisoning;
(9) seizures;
(10) cardiac arrest (code blue);
(11) burns;
(12) stroke (CVA);
(13) chest injuries;
(14) abdominal injuries;
(15) head injuries;
(16) spinal injuries;
(17) multiple systems trauma;
(18) orthopedic injuries;
(19) drowning; and
(20) anaphylaxis.

(dd) Each service operator shall make available a current copy of the service's operational protocols and medical protocols to any person listed as an attendant on the service's attendant roster. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110, 65-6111, K.S.A. 65-6113, 65-6128 and 65-6130; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Aug. 16, 1993; amended Jan. 31, 1997.)

**109-2-6. Classes of ambulance services.** Permits shall be issued for three classes of ambulance service. These classes shall be known as type I, type II, and type V.

(a) Each type I service operator shall:

(1) provide advanced life support as described in K.A.R. 109-1-1;

(2) have at least one licensed ambulance which meets all requirements of K.A.R. 109-2-8. Each type I service operator may also operate type II ambulances;

(3) maintain a staff of currently certified mobile intensive care technicians and emergency medical technicians which is adequate to meet all applicable requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances which ensures that an ambulance leaves the station within an annual average of five minutes of the time an emergency call is received.

(b) Each type II service operator shall:

(1) provide basic life support;

(2) have at least one licensed ambulance which meets all requirements of K.A.R. 109-2-8;

(3) maintain a staff of currently certified emergency medical technicians which is adequate to meet all requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances which ensures that an ambulance leaves the station within an annual average of five minutes of the time an emergency call is received.

(c) Each type II service operator may provide advanced life support as described in K.S.A. 65-6123, 65-6120 and 65-6119 when approved by medical protocols or when in direct voice contact with a physician or a licensed professional nurse who is authorized by a physician.

(d) Each type V service operator shall:

(1) provide "critical care transport" as defined in K.A.R. 109-1-1;

(2) not be subject to public call, as defined in K.A.R. 109-1-1 (b);

(3) have at least one ground or air ambulance which meets all requirements of either K.A.R. 109-2-11, K.A.R. 109-2-12 or K.A.R. 109-2-13 as applicable;

(4) license only type V ambulances;

(5) license rotorwing aircraft, fixed wing aircraft or ground-based vehicles as ambulances;

(6) have a staff which is adequate to provide the level of care described in paragraph (l) of this subsection and as described in K.A.R. 109-2-7;

(7) have a method of receiving and relaying calls that ensures that any request for emergency response is immediately and properly relayed to the nearest type I or type II ambulance service; and

(8) have all air and ground ambulance interfacility transports reviewed and approved by the service's medical advisor prior to transport, or conducted in accordance with the service's medical and operational protocols. (Authorized by K.S.A. 1995 Supp. 65-6110; implementing K.S.A. 1995 Supp. 65-6110, K.S.A. 65-6128, and 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Jan. 31, 1997.)

**109-2-7. Ground and air ambulance**

**staffing.** Licenses shall be issued for three types of ambulance vehicles and aircraft. These ambulances shall be known as type I, type II, and type V. Each ambulance shall be staffed in accordance with these regulations.

(a) Each type I service operator shall staff each type I ambulance with at least two attendants during patient transport.

(1) At least one attendant shall be one of the following medical personnel:

(A) a mobile intensive care technician;

(B) a physician;

(C) a registered physician's assistant; or

(D) a licensed professional nurse.

(2) The second attendant may be any of the following:

(A) an emergency medical technician;

(B) an emergency medical technician-intermediate;

(C) an emergency medical technician-defibrillator;

(D) a mobile intensive care technician;

(E) a physician;

(F) a registered physician's assistant; or

(G) a licensed professional nurse.

(b) Each type I and type II service operator shall staff each type II ambulance with at least two attendants during patient transport.

(1) At least one attendant shall be an emergency medical technician.

(2) One of the following shall be in the patient compartment during patient transport:

(A) an emergency medical technician;

(B) an emergency medical technician-intermediate;

(C) an emergency medical technician-defibrillator;

(D) a mobile intensive care technician;

(E) a physician;

(F) a registered physician's assistant; or

(G) a licensed professional nurse.

(c) Each type V service operator shall staff each type V ambulance with a driver or pilot and at least two medically trained persons, one of whom shall be a physician or a licensed professional nurse. Additional staffing shall be commensurate with the patient's care needs as determined by the service's medical advisor or as described in the service's medical protocols. The medical personnel shall remain in the patient compartment during patient transport.

(d) At least one of the medical personnel on each type V ambulance shall have completed and be current in "Advanced Cardiac Life support (ACLS)," as in effect on January 1, 1997, which is adopted herein by reference, or the equivalent, as approved by the board.

(e) When performing neonatal or pediatric missions, at least one of the medical personnel on each type V ambulance shall have completed and be current in "Pediatric Advanced Life Support (PALS)," as in effect on January 1, 1996, which is adopted herein by reference, or the equivalent as approved by the board.

(f) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel on each type V ambulance shall have completed and be current in one of the following programs as in effect on January 1, 1996, which are adopted herein by reference:

(1) "Advanced Trauma Life Support (ATLS)";

(2) "Flight Nurse Advanced Trauma Course (FNATC)";

(3) "Trauma Nurse Core Course (TNCC)";

(4) "Pre-Hospital Trauma Life Support (PHTLS)"; or

(5) an equivalent course as approved by the board. (Authorized by K.S.A. 1995 Supp. 65-6110; implementing K.S.A. 1995 Supp. 65-6110 and K.S.A. 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Jan. 31, 1997.)

**109-2-8. Standards for type I and II ambulance vehicles and equipment.** (a) Each ambulance shall meet the vehicle and equipment standards that are applicable to that class of ambulance.

(b) The patient compartment size shall meet or exceed the following specifications:

(1) headroom: 60 inches; and

(2) length: 116 inches.

(c) Each ambulance shall have a heating and cooling system which is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.

(d) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The pa-

tient compartment shall be ventilated through the heating and cooling systems.

(e) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors. Interior light fixtures shall be recessed and shall not protrude more than 1½ inches.

(f) Each ambulance shall have at least two 80 amp/hr batteries and a 165-amp alternator. All conversion equipment shall have individual fusing which is separate from the chassis fuse system.

(g) Each ambulance shall have lights and sirens as required by K.S.A. 8-1720 and K.S.A. 8-1738.

(h) Each ambulance shall have an exterior patient loading light over the door which shall be activated both manually by an inside switch and automatically when the door is opened.

(i) The operator shall mark each ambulance licensed by the board as follows:

(1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance, and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(2) Any operator may use a decal or logo which identifies the ambulance service in place of lettering. The decal or logo shall not be less than 10 inches in height, and in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(3) Any ambulance initially licensed by the board before January 1, 1995 which is identified either by letters or a logo on both sides of the ambulance shall be exempt from the minimum size requirements as indicated in paragraphs (1) and (2) of this subsection.

(j) Each type I and type II ambulance shall have a two-way radio communications system which is readily accessible to both the attendant and the driver. This system shall be capable of providing direct communications between dispatch and medical control at a hospital.

(k) An operator shall equip each ambulance as follows:

(1) a Halon or ABC fire extinguisher with at least five pounds of dry chemical, which shall be placed in the driver compartment, and shall be easily accessible from an outside door;

(2) a second fire extinguisher which is either a Halon fire extinguisher with at least five pounds of contents, or an ABC fire extinguisher with a minimum of five pounds of dry chemical. The fire extinguisher shall be placed in the patient compartment or in an outside compartment and shall be easily accessible to an attendant;

(3) one battery-operated hand lantern with a power source of at least six volts or two flashlights, each having a minimum of two "C or D-cell" battery capacity;

(4) one four or six-wheeled, all purpose, multilevel cot with an elevating head and at least two safety straps with locking mechanisms;

(5) one urinal;

(6) one bedpan;

(7) one emesis basin or convenience bag;

(8) one complete change of linen;

(9) two blankets;

(10) one waterproof cot cover;

(11) one pillow; and

(12) a "no-smoking" sign posted in the patient and driver compartments.

(l) The operator shall equip each type I and type II ambulance with the following internal medical systems:

(1) an oxygen system with at least two outlets located within the patient compartment and a minimum of 3,000 liters of storage capacity. The cylinder shall be in a compartment which is vented to the outside. The pressure gauge and regulator control valve shall be readily accessible to the attendant from inside the patient compartment; and

(2) an electrically-powered suction aspirator system with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large bore, non-kinking suction tubing and a semi-rigid, non-metallic oropharyngeal suction tip;

(m) The operator shall equip each type I and type II ambulance with the following medical equipment:

(1) a portable oxygen unit of at least 300 liter storage capacity complete with yoke, pressure gauge, and flowmeter. The unit shall be readily accessible from inside the patient compartment;

(2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 li-

ters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large bore, non-kinking suction tubing and a semi-rigid, non-metallic oropharyngeal suction tip;

(3) a hand-operated, adult bag-mask ventilation unit which shall be capable of use with the oxygen supply;

(4) a hand-operated, pediatric bag-mask ventilation unit which shall be capable of use with oxygen supply;

(5) oxygen masks in adult and pediatric sizes;

(6) nasal cannulas;

(7) oropharyngeal airways in adult, pediatric, and infant sizes;

(8) a blood pressure manometer with extra large, adult, and pediatric cuffs and a stethoscope;

(9) an obstetric kit with contents as described in the service's medical protocols;

(10) sterile burn sheets;

(11) sterile large trauma dressings;

(12) assorted sterile gauze pads;

(13) occlusive gauze pads;

(14) soft roller, self-adhering type bandages;

(15) adhesive tape at least one inch wide;

(16) bandage shears;

(17) one liter of sterile water, currently dated;

(18) one liter of sterile saline, currently dated;

(19) a bite stick; and

(20) oral glucose or an equivalent high sugar substance.

(n) The operator shall equip each type I and type II ambulance with the following patient-handling and splinting equipment:

(1) a long spine board, complete with accessories;

(2) a short spine board, complete with accessories;

(3) a set of extremity splints including one arm and one leg splint;

(4) rigid cervical collars in small, medium, and large sizes;

(5) foam wedges or other devices which serve to stabilize the head, neck, and back as one unit; and

(6) patient disaster tags.

(o) Each operator shall demonstrate to the satisfaction of the administrator that the ambulance service either provides vehicle extrication and rescue services or that a fully equipped rescue vehicle or rescue service which provides the same services is immediately available to the operator.

(p) The operator shall equip each type I and type II ambulance with the following blood-borne and body fluid pathogen protection equipment:

(1) latex or vinyl gloves;

(2) two sets of protective goggles or two chin-length clear face shields;

(3) filtering masks which cover the mouth and nose;

(4) two non-permeable, full length, long sleeve protective gowns;

(5) a leak-proof, rigid container clearly marked as "contaminated products," for the disposal of sharp objects; and

(6) a leak-proof, closeable container for soiled linen and supplies.

(q) The operator shall equip each type I ambulance with the following equipment:

(1) a monitor/defibrillator;

(2) a drug supply as listed in the service's medical protocols;

(3) macro-drip and micro-drip administration sets;

(4) IV solutions in plastic bags or plastic bottles as listed in the service's medical protocols;

(5) assorted syringes and 14-22 gauge needles;

(6) endotracheal tubes in adult, child, and infant sizes; and

(7) a laryngoscope with adult and pediatric blades.

(r) Each type I and type II ambulance service operator shall develop a list of supplies and equipment which is carried on each ambulance. This list shall include the supplies and equipment required by the board for the vehicle license type, and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the service's medical protocols.

(1) Each operator shall receive annual written approval by the emergency committee of the county medical society for the list of supplies and equipment carried on each ambulance.

(2) In those counties where there is no emergency committee of the medical society, the operator shall receive annual written approval for the list of supplies and equipment carried on each ambulance by the medical staff of the hospital to which the ambulance service primarily transports patients.

(3) Each operator shall submit the list of supplies and equipment carried on each ambulance to the board each year with the operator's application for an ambulance service permit.

(s) If an operator's medical protocols or equipment list are amended, a copy of these changes

shall be submitted to the board by the service operator with a letter of approval as indicated in subsection (r) of this regulation within 15 days of implementation of the change. Equipment and supplies obtained on a trial basis or for temporary use by the operator need not be reported to the board by an operator. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Aug. 16, 1993; amended Jan. 31, 1997.)

**109-2-9. Variances.** (a) Variances from specific sections of these regulations may be granted to applicants when:

(1) local conditions are such that the operator, attendant, instructor-coordinator or training officer affected by the regulation cannot meet the regulation's requirements; and

(2) when it is determined by the board that granting a variance will not:

(A) violate Kansas statutes;

(B) endanger the public's health and welfare; or

(C) deviate from the spirit and intent of the regulation for which the variance is requested.

(b) Each variance request shall contain the following:

(1) the name and address of the applicant;

(2) a statement of purpose;

(3) expected benefits to the public;

(4) the period of time the variance is required;

(5) the number of units or persons involved; and

(6) supportive data which demonstrates that the variance will not endanger or increase the risk to public health or safety.

(c) Instructor-coordinators and training officers who request a variance shall establish that the variance will not jeopardize the quality of instruction.

(d) Periodic evaluations of the variance after it is granted may be conducted by the board.

(e) A variance may also be granted by the board upon showing that:

(1) there are unusual facts or circumstances which make strict compliance with the regulation from which the variance is sought impractical or unduly burdensome to the applicant;

(2) strict compliance with the regulation from which the variance is sought would cause a hardship to the applicant without equal or greater benefit to the public;

(3) issuance of a variance would not otherwise violate Kansas law, endanger or tend to endanger the public health and safety, or constitute a serious hazard or inability to provide needed services to persons who may use the applicant's services; and

(4) the applicant is otherwise in compliance with the requirements of these regulations.

(f) Conditions upon the applicant may be imposed by the board as it deems necessary to protect the public health and safety. In the case of instructor-coordinators and training officers, conditions may be imposed by the board so as to not jeopardize the quality of the instruction. These conditions may include duration requirements and alternative requirements. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110 and 65-6111; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997.)

**109-2-10.** (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1, 1987; revoked July 17, 1989.)

**109-2-11. Standards for type V ambulance vehicles and equipment.** (a) Each type V ground ambulance shall meet the vehicle and equipment standards which are applicable to that class of ambulance.

(b) The patient compartment size shall meet or exceed the following minimum specifications:

(1) headroom: 60 inches; and

(2) length: 116 inches.

(c) Each ambulance shall have a heating and cooling system which is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.

(d) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The patient compartment shall be ventilated through the heating and cooling systems.

(e) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors. Interior light fixtures shall be

recessed and shall not protrude more than 1½ inches.

(f) Each ambulance shall have a at least two 80-amp/hr batteries and a 165-amp alternator. All conversion equipment shall have individual fusing which is separate from the chassis fuse system. Each ambulance shall have a 110-volt power source adequate to power all equipment which may be carried.

(g) Each ambulance shall have lights and sirens as required by K.S.A. 8-1720 and K.S.A. 8-1738.

(h) Each ambulance shall have an exterior patient loading light over the door which shall be activated both manually by an inside switch and automatically when the door is opened.

(i) The operator shall mark each ambulance licensed by the board as follows:

(1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance, and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(2) Any operator may use a decal or logo which identifies the ambulance service in place of lettering. A decal or logo shall not be less than 10 inches in height, and in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(3) Any ambulance licensed by the board before January 1, 1995 which is identified either by letters or a logo on both sides of the ambulance shall be exempt from the minimum size requirements as indicated in paragraphs (1) and (2) of this subsection.

(j) The operator shall equip each type V ground ambulance with a direct, two-way radio communications system which is readily accessible to both the attendant and the driver. This system shall be capable of providing direct communications between dispatch and medical control at a hospital.

(k) The operator shall equip each type V ground ambulance with the following:

(1) a Halon or ABC fire extinguisher with at least five pounds of dry chemical, which shall be in the driver compartment and shall be easily accessible from an outside door;

(2) a second fire extinguisher which is either a halon, a $CO_2$ or an ABC fire extinguisher with at least five pounds of dry chemical. The fire extinguisher shall be placed in the patient compartment or in an outside compartment and shall be easily accessible to an attendant;

(3) one battery-operated hand lantern with a power source of at least six volts or two flashlights, each having a minimum of two "C or D-cell" battery capacity;

(4) one four or six-wheeled, all purpose, multilevel cot with an elevating head and at least two safety straps with locking mechanisms or an isolette;

(5) one urinal;

(6) one bedpan;

(7) one emesis basin or convenience bag;

(8) one complete change of linen;

(9) two blankets;

(10) one waterproof cot cover;

(11) a "no smoking" sign posted in the patient and driver compartments; and

12) one pillow.

(l) The operator shall equip each type V ground ambulance with an internal medical system which includes:

(1) an internal oxygen system with at least two outlets located inside the patient compartment and with at least 3,000 liters of storage capacity. The cylinder shall be in a compartment which is vented to the outside. The pressure gauge and regulator control valve shall be readily accessible to the attendant from inside the patient compartment; and

(2) an electrically-powered suction aspirator system with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large bore, non-kinking suction tubing and a semi-rigid, non-metallic oropharyngeal suction tip.

(m) The operator shall equip each type V ground ambulance with the following:

(1) a portable oxygen unit of at least 300-liter storage capacity complete with yoke, pressure gauge, and flowmeter. The unit shall be readily accessible from inside the patient compartment;

(2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large bore, non-kinking suction tubing and semi-rigid, non-metallic, oropharyngeal suction tip;

(3) medical supplies and equipment which includes:

(A) airway management equipment, including

tracheal intubation equipment, adult and pediatric bag-valve mask, and ventilatory support equipment;

(B) a cardiac monitor/defibrillator and an extra battery or power source;

(C) advanced cardiac life support drugs and therapeutic modalities, as indicated by the service's medical protocols;

(D) neonate specialty equipment and supplies for neonatal missions and as indicated by the service's medical protocols;

(E) advanced trauma life support supplies and treatment modalities, as indicated in the service's medical protocols; and

(F) a pulse oximeter and an intravenous infusion pump; and

(4) blood borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8.

(n) Each type V ground ambulance operator shall develop a list of supplies and equipment which is either carried on the ambulance or immediately available for use as each mission requires. This list shall include the supplies and equipment required by the board and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the service's medical protocols.

(1) Each operator shall receive annual written approval from the emergency committee of the county medical society for the list of supplies and equipment carried on each ambulance.

(2) In those counties where there is no emergency committee of the county medical society, the operator shall receive approval for the list of supplies and equipment carried on each ambulance by the medical staff of the hospital to which the ambulance service primarily transports patients.

(3) Each operator shall submit the list of supplies and equipment carried on each ambulance to the board each year with the service's application for an ambulance service permit.

(o) If an operator's medical protocols or equipment list are amended, the operator shall submit these changes to the board with a letter of approval as indicated in subsection (n) of this regulation within 15 days of implementation of the change. Equipment and supplies obtained on a trial basis or for temporary use by the operator need not be reported to the board by the operator. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997.)

**109-2-12. Standards for rotorwing ambulance aircraft and equipment.** (a) Each air ambulance operator shall comply with all Federal Aviation Regulations as contained in 14 C.F.R. Parts 91 and 135, as in effect on January 1, 1996, which are adopted herein by reference.

(b) Each air ambulance operator shall obtain a valid standard airworthiness certificate for each aircraft licensed by the board. The operator shall submit a copy of the airworthiness certificate to the board when applying for the air ambulance license.

(c) Each air ambulance operator shall ensure that the aircraft's flight controls, throttles, and radios are physically protected from any intended or accidental interference by the patient, air medical personnel, or equipment and supplies.

(d) The aircraft design shall not compromise patient stability during any part of flight operations. The aircraft shall have an entry that allows loading and unloading of the patient without maneuvering the patient more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis, and does not compromise the functioning of monitoring systems, intravenous lines, or manual or mechanical ventilation.

(e) The operator shall ensure that the patient compartment is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain both basic and advanced life support. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance.

(f) Each air ambulance operator shall ensure that the aircraft is climate controlled for the comfort of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.

(g) Each aircraft shall have at least one stretcher installed and secured in the patient compartment according to FAA part 135 guidelines, and which meets the following requirements:

(1) accommodates a patient who is in the 95 percentile for an adult male, six ft. tall, 212 lbs. or 96.2 kg;

(2) is capable of elevating the patient's head at least 30 degrees for patient care and comfort; and

(3) has two patient securing straps.

(h) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are so arranged as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.

(i) The aircraft shall have an adequate interior lighting system so that patient care can be given and the patient's status monitored without interfering with the pilot's vision. Red lighting or a reduced level of lighting shall also be provided for the pilot and air ambulance personnel.

(j) The aircraft shall have an electric invertor or appropriate power source which is sufficient to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment.

(k) When an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.

(l) The aircraft shall have an external search light which shall be:

(1) at least 400,000 candlepower illumination at 200 feet;

(2) separate from the aircraft landing lights;

(3) moveable 90 degrees longitudinally and 180 degrees laterally; and

(4) capable of being controlled from inside the aircraft.

(m) Each rotorwing aircraft shall have a two-way radio communications system which is readily accessible to both the attendants and the pilot, and which meets the following requirements:

(1) allows communications between the aircraft and a hospital for medical control;

(2) allows communications between the aircraft and ground-based ambulance services;

(3) allows communications with air traffic control; and

(4) allows the attendant to communicate at all times with medical control exclusive of the air traffic control system.

(n) Each air ambulance operator shall ensure that each air ambulance shall have on board, at all times, the following safety equipment:

(1) at least one 2-½ pound Halon fire extinguisher. The fire extinguisher shall be accessible to both the pilot and the air medical personnel in the patient compartment. The air ambulance operator shall ensure that each fire extinguisher is fully charged with a valid inspection certification;

(2) one battery-operated, hand-held lantern with a power source of at least six volts or two flashlights with a minimum of two "C or D-cell" battery capacity;

(3) appropriate survival equipment for the mission and terrain of the service's geographic area of operations; and

(4) a "no smoking" sign posted in the patient and pilot compartments.

(o) Each air ambulance operator shall ensure that each rotorwing air ambulance is equipped with an internal medical system which includes the following equipment.

(1) Each rotorwing air ambulance shall have a gaseous or liquid medical oxygen supply which is sufficient to provide the patient with up to 15 liters per minute flow for the specific mission and duration of the flight, and is contained in at least two separate containers, one of which shall be portable.

(A) The air ambulance operator shall ensure that the oxygen delivery system, all necessary regulators, gauges and humidity accessories are available to the air medical personnel during in-flight operations.

(B) The air ambulance operator shall ensure that oxygen flow meters and outlets are padded, flush mounted, or located to prevent injury to air medical personnel.

(2) Each rotorwing air ambulance shall have two suction apparatus, one of which shall be electrically powered, with wide bore tubing, a large reservoir and various sizes of suction catheters. One suction unit shall be portable. The second may be either portable or built into the aircraft. Both suction units shall have an air flow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury.

(p) Each air ambulance operator shall equip each rotorwing air ambulance with medical supplies and equipment which includes the following:

(1) airway management equipment including tracheal intubation equipment, adult and pediatric bag-valve masks and ventilatory support equipment;

(2) a cardiac monitor/defibrillator and an extra battery or power source;

(3) advanced cardiac life support drugs and

therapeutic modalities as indicated by the air ambulance operator's medical protocols;

(4) neonate specialty equipment and supplies for neonatal missions as indicated in the service's medical protocols;

(5) advanced trauma life support treatment modalities as indicated in the service's medical protocols;

(6) a pulse oximeter and an intravenous infusion pump; and

(7) blood borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8 (p).

(q) Each air ambulance operator shall comply with the requirements described in K.A.R. 109-2-11 (n) and (o).

(r) Each air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigation or on-board systems. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997.)

**109-2-13. Standards for fixed-wing ambulance aircraft and equipment.** (a) Each air ambulance operator shall comply with all Federal Aviation Regulations as contained in 14 C.F.R. Parts 91 and 135, as in effect on January 1, 1996, which are adopted herein by reference.

(b) Each air ambulance operator shall obtain a valid standard airworthiness certificate for each aircraft licensed by the board. The operator shall submit a copy of the airworthiness certificate to the board when applying for the air ambulance license.

(c) The operator shall ensure that each air ambulance is multi-engined and meets the following requirements:

(1) rated for instrument flight (IFR);

(2) equipped with an emergency locator transmitter (ELT);

(3) certified and equipped for known icing conditions; and

(4) pressurized during patient transports according to the service's medical and operational protocols.

(d) Each air ambulance operator shall ensure that the aircraft's flight controls, throttles, and radios are physically protected from any intended or accidental interference by the patient, air medical personnel, or equipment and supplies. The pilot or pilots shall be sufficiently isolated from the patient care area to minimize in-flight distractions or interference.

(e) The aircraft design shall not compromise patient stability during any part of flight operations. The aircraft shall have an entry that allows loading and unloading of the patient without maneuvering the patient more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis of the patient, and does not compromise functioning of monitoring systems, intravenous lines, or manual or mechanical ventilation.

(f) Each air ambulance operator shall ensure that the patient compartment is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain both basic and advanced life support. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance.

(g) Each air ambulance operator shall ensure that the aircraft is climate controlled for the comfort of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.

(h) Each aircraft shall have at least one stretcher installed and secured in the patient compartment according to FAR part 135 guidelines, and which meets the following requirements:

(1) accommodates a patient who is in the 95 percentile for an adult male, six ft. tall, 212 lbs. or 96.2 kg;

(2) is capable of elevating a patient's head at least 30 degrees for patient care and comfort; and

(3) has two patient securing straps.

(i) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are arranged so as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.

(j) Each air ambulance operator shall ensure the aircraft has an adequate interior lighting system so that patient care can be provided and the patient's status monitored without interfering with the pilot's vision. The air ambulance operator shall ensure the aircraft cockpit is capable of being

shielded from light in the patient care area during night operations. Red lighting or a reduced lighting level shall also be provided for the pilot and air ambulance personnel.

(k) The aircraft shall have an electric invertor or appropriate power source which is sufficient to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment.

(l) When an isolette is carried during patient transport, the air ambulance operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.

(m) Each fixed-wing air ambulance shall have a two-way radio communications system which is readily accessible to both the attendants and the pilot, and which shall meet the following requirements:

(1) allows communications between the aircraft and a hospital;

(2) allows communications between the aircraft and ground based ambulance services;

(3) allows communications with air traffic control; and

(4) allows an attendant to communicate at all times with medical control exclusive of the air traffic control system.

(n) Each air ambulance operator shall ensure that the air ambulance shall have on board, at all times, the following safety equipment:

(1) at least one 2-½ pound Halon fire extinguisher. The fire extinguisher shall be accessible to both the pilot and air medical personnel in the patient compartment. The air ambulance operator shall ensure that each fire extinguisher is fully charged with a valid inspection certification;

(2) one battery-operated hand-held lantern with a power source of at least six volts or two flashlights with a minimum of two "C or D-cell" battery capacity;

(3) appropriate survival equipment for the mission and terrain of the service's geographic area of operations; and

(4) a "no smoking" sign posted in the patient and pilot compartments.

(o) Fixed-wing ambulance aircraft shall have on board patient comfort equipment including:

(1) one pillow;

(2) two complete sets of linen;

(3) two blankets;

(4) one waterproof cot cover;

(5) one urinal;

(6) one bedpan;

(7) one emesis basin or convenience bag; and

(8) potable water.

(p) Each air ambulance operator shall ensure that each fixed-wing air ambulance is equipped with an internal medical system which includes the following equipment.

(1) Each fixed-wing air ambulance shall have a gaseous or liquid medical oxygen supply which is sufficient to provide the patient with up to 15 liters per minute flow for the specific mission and duration of the flight, and is contained in at least two separate containers, one of which shall be portable.

(A) The air ambulance operator shall ensure that the oxygen delivery system, all necessary regulators, gauges, and humidity accessories are available to the air medical personnel during in-flight operations.

(B) The air ambulance operator shall ensure that oxygen flow meters and outlets are padded, flush mounted, or located to prevent injury to air medical personnel.

(2) Each fixed-wing air ambulance operator shall have two suction apparatus, one of which shall be electrically powered, with wide bore tubing, a large reservoir and various sizes of suction catheters. One suction unit shall be portable. The second may be either portable or built into the aircraft. Both suction units shall have an air flow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury.

(q) Each air ambulance operator shall equip each fixed-wing air ambulance with medical supplies and equipment which includes the following:

(1) airway management equipment including tracheal intubation equipment, adult and pediatric bag-valve masks and ventilatory support equipment;

(2) a cardiac monitor/defibrillator and an extra battery or power source;

(3) advanced cardiac life support drugs and therapeutic modalities as indicated by the operator's medical protocols;

(4) neonate specialty equipment and supplies for neonatal missions as indicated by the service's medical protocols;

(5) a pulse oximeter and an intravenous infusion pump; and

(6) blood borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8 (p).

(r) Each fixed-wing air ambulance operator

shall comply with the requirements described in K.A.R. 109-2-11 (n) and (o).

(s) Each air-fixed wing air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigational, radio communications or other on board systems. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110; effective Jan. 31, 1997.)

**109-2-14. Temporarily certified attendants.** No operator shall be allowed more than one temporarily certified attendant for every 10 currently certified attendants who are listed on the service roster. (Authorized by and implementing K.S.A. 65-6129; effective Jan. 31, 1997.)

**109-2-15. Ambulances based outside of Kansas.** (a) Any ambulance licensed by a state other than Kansas may respond to an emergency request for care and transportation of a patient within Kansas when this care and transportation is being provided at the request of an operator as defined in K.S.A. 65-6112, and amendments thereto, or the operator's designee.

(b) Each operator shall report to the board, on a monthly basis, all emergency requests for care and transportation from any ambulance not licensed in Kansas. Each operator shall report each month's requests within fifteen days of the end of that month.

(c) Each operator shall report the following information concerning each emergency request for care and transportation from any ambulance not licensed in Kansas, on a form approved by the administrator:

(1) the date and time of the request;

(2) the name of the ambulance service requested;

(3) the nature of the accident or medical emergency;

(4) the reason for the request; and

(5) a copy of any quality improvement reports as described by K.A.R. 109-2-5. (Authorized by K.S.A. 65-6136; implementing K.S.A. 65-6136; effective Jan. 9, 1998.)

## Article 3.—STANDARDS FOR AMBULANCE ATTENDANTS, FIRST RESPONDERS, AND DRIVERS

**109-3-1. Standards for ambulance attendants and drivers.** Each attendant and driver shall be at least 18 years of age. (Authorized by and implementing K.S.A. 1995 Supp. 65-6110; effective July 17, 1989; amended Jan. 31, 1997.)

**109-3-2. Outpatient medical emergencies.** (a) If the requirements specified in subsections (b) and (c) are met, any emergency medical technician may manage an outpatient medical emergency by providing the following patient care:

(1) Administering aspirin for chest pain;

(2) monitoring the saturation level of arterial oxygen in the blood by using a pulse oximeter;

(3) administering a bronchodilator by nebulization; and

(4) monitoring blood glucose levels.

(b) Each emergency medical technician shall successfully complete a course of instruction on outpatient medical emergencies approved by the board.

(c) When providing any of the services listed in subsection (a), each emergency medical technician shall act pursuant to medical protocols. (Authorized by K.S.A. 65-6110 and 65-6111; implementing K.S.A. 65-6110 and 65-6121; effective March 5, 2004.)

## Article 4.—AIR AMBULANCE SERVICE

**109-4-1.** (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1, 1986; amended July 17, 1989; revoked Jan. 31, 1997.)

**109-4-2.** (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1, 1986; amended July 17, 1989; revoked Jan. 31, 1997.)

**109-4-3.** (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1, 1986; amended, T-87-7, May 1, 1986; amended May 1, 1987; amended July 17, 1989; revoked Jan. 31, 1997.)

## Article 5.—CONTINUING EDUCATION

**109-5-1. Continuing education.** (a) Each applicant for certification renewal as a first responder shall have earned at least 16 hours of documented and approved continuing education during the biennial period.

(b) Each applicant for certification renewal as an EMT shall have earned at least 28 hours of documented and approved continuing education during the biennial period.

(c) Each applicant for certification renewal as

an EMT-I shall have earned at least 36 clock-hours of documented and approved continuing education during the biennial period.

(d) Each applicant for certification renewal as an EMT-D shall have earned at least 36 clock-hours of documented and approved continuing education during the biennial period.

(e) Each applicant for certification renewal as an EMT-I/EMT-D shall have earned at least 44 clock-hours of documented and approved continuing education during the biennial period.

(f) Each applicant for certification renewal as an MICT shall have earned at least 60 clock-hours of documented and approved continuing education during the biennial period.

(g) Each applicant for certification renewal as an I-C shall establish the following:

(1) That the applicant is certified as an attendant at or above the level at which the applicant is endorsed as an I-C or is a physician or professional nurse as defined by K.S.A. 65-6112 and amendments thereto;

(2) that the applicant has completed one of the following activities:

(A) Taught 45 contact hours for the calendar year that has elapsed since certification or the last renewal;

(B) obtained a minimum of three college semester hours of credit per year from an accredited college or university in a teaching degree program or in a health care specialty;

(C) attended a minimum of eight contact hours of education in adult teaching theory or methodology as approved by the board; or

(D) attended an I-C workshop approved by the board;

(3) that the applicant has current approval by the American heart association, the American red cross, or the national safety council as a CPR instructor at the professional rescuer level;

(4) that the applicant has taught a minimum of 60 hours of EMS training within the past three years; and

(5) that the applicant attended during each year of the biennial period an I-C meeting approved by the board.

(h) Each applicant for certification renewal as an I-C who is also endorsed to be the primary instructor of MICT initial courses of instruction shall verify, in addition to the items listed in subsection (g), that the applicant is currently approved by the American heart association as an instructor of advanced cardiac life support courses.

(i) Specific continuing education may be required by action of the board.

(j) One clock-hour of continuing education credit shall mean a minimum of 50 minutes of classroom instruction between instructor and participant.

(k) One academic credit hour shall be equivalent to 15 clock-hours for the purpose of continuing education credit. Credit for auditing an academic course shall be for actual clock-hours attended during which instruction was given and shall not exceed the academic credit allowed.

(l) Acceptable forms of continuing education shall include the following:

(1) Academic medical courses, whether taken for credit or audited;

(2) seminars, workshops, or minicourses oriented to the enhancement of EMS practice, values, skills, and knowledge;

(3) programs presented by approved providers;

(4) programs presented by approved single-program providers;

(5) programs approved by the CECBEMS;

(6) clinical training that meets the requirements of subsection (m); or

(7) correspondence lessons that meet criteria established in paragraph (n)(2).

(m) All clinical training shall be in the form of prescheduled clinical training sessions. The training coordinator shall provide, to the student and the clinical training faculty, the clinical training objectives to be met during the training session. The clinical training faculty shall complete a clinical training evaluation form for each student.

(n)(1) Each student may be awarded one hour of continuing education credit for each correspondence lesson completed.

(2) Each correspondence training lesson shall include an examination over the material presented. The providers of the correspondence training lesson shall provide to each student the results of the examination and a certificate of completion.

(3) Each individual using one or more correspondence training lessons for the purpose of certification renewal shall keep a copy of the certificate of completion for a minimum of three years.

(4) Credit toward certification renewal requirements shall not be given for duplicate correspondence training lessons.

(o) Each attendant and I-C shall be responsible

for maintaining personal records of attendance for a minimum of three years. The attendant or I-C may be requested by the board to submit these records as part of the verification process for certification renewal. (Authorized by K.S.A. 2001 Supp. 65-6110, 65-6111; implementing K.S.A. 2001 Supp. 65-6129 and 65-6129b; effective, T-88-122, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Feb. 3, 1992; amended Aug. 16, 1993; amended Dec. 19, 1994; amended Nov. 1, 1996; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Aug. 30, 2002.)

**109-5-2. Documentation for continuing education.** (a) Each attendant shall keep documentation of proof of completion of approved continuing education for a minimum of three years and shall provide this proof to the board upon request by the administrator or the administrator's designee.

(b) Any of the following forms of documentation shall be accepted as proof of completion of continuing education:

(1) A course grade for a credit course;

(2) a signed certificate of attendance from the provider of clock hours attended for auditing approved EMS initial courses of instruction;

(3) a signed certificate of attendance from the provider of an approved continuing education program;

(4) a signed certificate of attendance from the administrator, or the administrator's designee, that the attendant participated at an examination site;

(5) a signed statement from a physician or physician's designee that the attendant completed clinical training at a hospital;

(6) a signed certificate of completion of a correspondence course approved by CECBEMS; or

(7) a signed certificate of attendance of any continuing education course approved by CECBEMS.

(c) An acceptable certificate of attendance shall include the following:

(1) The name of the provider of the continuing education course;

(2) the name of the attendant being issued the certificate;

(3) the title of the approved continuing education course;

(4) the date or dates on which the approved continuing education course was conducted;

(5) the location where the approved continuing education course was conducted;

(6) the amount of approved continuing education credit issued to the attendant for attending the course;

(7) the course identification number issued by the board or by CECBEMS; and

(8) the signature of the person authorized by the provider to issue the certificate. (Authorized by K.S.A. 1998 Supp. 65-6111; implementing K.S.A. 1998 Supp. 65-6110 and 65-6129; effective, T-88-12, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Nov. 12, 1999.)

**109-5-3. Continuing education approval for providers.** (a) An application may be made to the board to become an approved provider of continuing education training as a long-term provider or a single-program provider as defined in K.A.R. 109-1-1. Applications shall be submitted on forms provided by the administrator.

(b) Each provider desiring training program approval as a long-term provider of continuing education courses shall meet the following requirements:

(1) Submit a complete application to the administrator for long-term provider approval. The applicant shall allow up to 90 days for the administrator to review the application for approval. A complete application shall mean the following:

(A) A completed application form that includes all required signatures; and

(B) a continuing education training program management plan that describes how the requirements of paragraphs (b)(2-9) will be accomplished;

(2) appoint a training program coordinator who will serve as the liaison to the board concerning program issues. The training program coordinator for ambulance services, fire departments, other officially organized public safety agencies, corporations, and professional associations shall be a certified I-C or training officer. The training program coordinator for postsecondary educational institutions and hospitals shall have training and experience in coordinating educational offerings. The training program coordinator shall sign and date the application for training program approval;

(3) appoint a physician who will serve as the

medical advisor for the training program. The training program medical advisor shall sign and date the application for training program approval;

(4) provide a sufficient number of lab assistants to maintain a student-to-instructor ratio of 6:1 during laboratory training sessions;

(5) provide a sufficient quantity of EMS training equipment to maintain a student-to-equipment ratio of 6:1 during laboratory training sessions;

(6) provide to each student, upon request, the following:

(A) A course schedule that includes the date and time of each class lesson, the title of each lesson, and the instructor and the instructor's qualifications to teach each lesson; and

(B) a certificate of attendance that includes the name of the training program, a statement that the training program has been approved by the board as a long-term provider of training, the title of the continuing education offering, the date and location of the continuing education offering, the amount of continuing education credit awarded for the offering, the course identification number issued by the board, and the signature of the program coordinator;

(7) maintain training program records and continuing education course records for a minimum of three years. The records that shall be maintained are as follows:

(A) A copy of all documents required to be submitted with the application for training program approval;

(B) a copy of all documents required to be submitted with the application for continuing education course notification;

(C) student attendance;

(D) course educational objectives; and

(E) master copies and completed copies of the student's evaluations of the educational offerings;

(8) establish a continuing education program quality management plan that includes the following:

(A) A description of the training needs assessment used to determine the continuing education courses to be conducted;

(B) a description of the training program evaluations to be conducted and a description of how a review and analysis of the completed evaluations by the training program's medical advisor and the training program coordinator will be conducted;

(C) equipment use and maintenance and cleaning policies; and

(D) training program infection-control policies; and

(9) submit quarterly reports to the administrator that include the following:

(A) The date, title, and location of each EMS continuing education course offered;

(B) the amount of EMS continuing education credit issued for each EMS course offered; and

(C) the signature of the training program coordinator.

(c) Training program approval as a long-term provider of continuing education courses shall be for a period of not more than 60 months and may be renewed by the administrator following receipt of an application for renewal of training program approval. The application shall be complete and shall be received in the board's office no later than 90 calendar days before expiration of the approval. Incomplete applications shall not be accepted.

(d) Providers desiring continuing education course approval as a single-program provider shall submit a complete application to the administrator for continuing education single-program approval. The application shall be received in the board office no later than 15 calendar days before the date of the first scheduled course. Applications received after this date shall not be approved. A complete application shall include the following:

(1) A completed application form;

(2) the name and qualifications of each instructor for each subject matter;

(3) the evaluation; and

(4) the program agenda; and

(5) the date or dates on which the program is to be given.

(e) Continuing education single-program approval may be withdrawn by the administrator if the provider violates this regulation, or if a quality program is not maintained.

(f) Each continuing education single-program provider shall maintain records of each participant's attendance for at least three years.

(g) Each single-program provider and long-term provider shall provide participants with verification of each participant's attendance. The verification shall be on forms approved by the administrator.

(h) Each approved provider of training shall provide the administrator with copies of all training program records and continuing education

course records upon request of the administrator. (Authorized by and implementing K.S.A. 1998 Supp. 65-6110 and 65-6111; effective, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Nov. 12, 1999.)

**109-5-4. Renewing expired certification.** (a) Each person applying for attendant certification within two years after the certificate's expiration shall perform the following:

(1) Apply to the board on forms provided by the administrator;

(2) pay a fee as prescribed by K.A.R. 109-7-1; and

(3) complete the required continuing education for the appropriate level of certification as follows:

(A) Each first responder shall complete at least 32 clock-hours of documented and approved continuing education.

(B) Each EMT shall complete at least 56 clock-hours of documented and approved continuing education.

(C) Each EMT-I shall complete at least 72 clock-hours of documented and approved continuing education.

(D) Each EMT-D shall complete at least 72 clock-hours of documented and approved continuing education.

(E) Each EMT-I who is also certified as an EMT-D shall complete at least 88 clock-hours of documented and approved continuing education.

(F) Each MICT shall complete at least 120 clock-hours of documented and approved continuing education.

(G) Notwithstanding paragraph (a)(3), a certificate may be granted by the board to a person who applies for attendant, instructor-coordinator, or training officer certification within 31 calendar days after the person's certificate expires if both of the following conditions are met:

(i) The person has complied with the continuing education requirements for the certification level held during the previous certification period.

(ii) The person has paid the appropriate fee pursuant to K.A.R. 109-7-1.

(b) Each attendant's certificate shall expire on December 31 of the second year following the date of its initial issuance and may be renewed for each subsequent biennial period pursuant to K.A.R. 109-6-3. (Authorized by K.S.A. 65-6110, 65-6111, and 65-6129; implementing K.S.A. 65-6129, 65-6129b, 65-6129c; effective Feb. 3, 1992; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Oct. 31, 2003.)

**109-5-5. Retroactive approval of continuing education course.** (a) Any attendant may submit a request to the board for retroactive approval of a continuing education course that was completed within the attendant's current two-year certification period.

(b) Each request shall be submitted on a form provided by the board.

(c) In order for retroactive approval of a continuing education course to be granted, the attendant shall provide the following, in addition to the request form:

(1) A certificate of attendance that includes the title of the course, the date and location of the course, and the amount of continuing education credit awarded by the presenter or presenting organization;

(2) documentation of the course objectives; and

(3) one of the following:

(A) The signature of the local emergency medical services medical advisor on the form provided by the board; or

(B) verification that the objectives of the course correspond to the objectives of the national standard curriculum of the federal department of transportation.

(d) The applicant shall be notified in writing by the board of any errors or omissions in the request for approval. Failure to correct any deficiency within 15 days shall constitute withdrawal of the request. (Authorized by K.S.A. 65-6111; implementing K.S.A. 65-6129, as amended by 2008 SB 512, sec. 2; effective Oct. 31, 2008.)

## Article 6.—TEMPORARY CERTIFICATION

**109-6-1. Minimum training requirements for temporary certification.** Minimum training requirements for an applicant for temporary certification as a first responder, emergency medical technician or mobile intensive care technician shall be current certification or licensure by another state or country at a comparable level. (Authorized by and implementing K.S.A. 1995 Supp. 65-6129; effective, T-88-24, July 15, 1987; amended May 1, 1988; amended Jan. 22, 1990; amended Nov. 1, 1996.)

**109-6-2. Renewal of attendant, training**

**officer, and instructor-coordinator certificates.** (a) All applications for certification renewal shall be submitted on the original form provided by the administrator. Copies, facsimiles, electronic filings, and other reproductions shall not be accepted.

(b) If the board receives an application for renewal on or before December 31, the existing certificate shall not expire until the board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review of the board's action or a later date fixed by the reviewing court.

(c) If the board receives an insufficient renewal application, the applicant shall be notified by the board of any errors or omissions. If the applicant fails to correct the deficiencies and submit a sufficient application within 30 days of notification, the application may be considered by the board to be withdrawn.

(d) An application for renewal shall be deemed sufficient when the following conditions are met:

(1) The applicant provides in full the information requested on the form, and no additional information is required by the board to complete the processing of the application.

(2) The applicant submits a renewal fee in the correct amount. (Authorized by and implementing K.S.A. 1999 Supp. 65-6129, as amended by L. 2000, Ch. 117, § 2 and K.S.A. 65-6129b, as amended by L. 2000, Ch. 117, § 3; effective Nov. 1, 1996; amended Oct. 31, 1997; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000.)

**109-6-3. Attendant certification expiration and renewal.** (a) If a person received an initial attendant's certificate on or between January 1, 2000 and December 31, 2000, this certificate shall expire on December 31, 2000 and shall be automatically renewed for a period that expires on December 31, 2001. The person may apply to renew this certificate for each biennial period thereafter by paying the fee prescribed by K.A.R. 109-7-1 and by providing proof of successful completion of continuing education as prescribed by K.A.R. 109-5-1.

(b) If a person is currently certified and either received or renewed an attendant's certificate on or before December 31, 1999, one of the following requirements shall apply:

(1) The certificate shall expire on December 31, 2000 and may be renewed for a period that expires on December 31, 2001 and for each biennial period thereafter if the person meets the following conditions:

(A) Has a residential zip code as reflected in board records with the first five numbers of 66619 or less;

(B) pays the fee specified in K.A.R. 109-7-1; and

(C) provides proof of successful completion of continuing education as prescribed in K.A.R. 109-5-1.

(2) The certificate shall expire on December 31, 2000 and may be renewed for a period that expires on December 31, 2002 and for each biennial period thereafter if the person meets the following conditions:

(A) Has a residential zip code as reflected in board records with the first five numbers of 66620 or greater;

(B) pays the fee specified in K.A.R. 109-7-1; and

(C) provides proof of successful completion of continuing education prescribed in K.A.R. 109-5-1.

(c) If a person receives an initial attendant's certificate on or after January 1, 2001, this certificate shall expire on December 31 of the second year following the date of its initial issuance and may be renewed for each biennial period thereafter if the person performs the following:

(1) Pays the fee prescribed in K.A.R. 109-7-1; and

(2) provides proof of successful completion of continuing education prescribed in K.A.R. 109-5-1. (Authorized by K.S.A. 2001 Supp. 65-6110, 65-6111; implementing K.S.A. 2001 Supp. 65-6129; effective, T-109-8-8-00, Aug. 8, 2000; effective Nov. 13, 2000; amended Aug. 30, 2002.)

## Article 7.—FEES

**109-7-1. Schedule of fees.** (a) Attendant, I-C, training officer, and ambulance service application fees shall be nonrefundable.

(b) First responder fees:

| | | |
|---|---|---|
| (1) | Examination/certification application fee..... | $15.00 |
| (2) | certification renewal application fee for a renewal that expires on a biennial basis if received before certificate expiration ..... | 20.00 |
| (3) | certification renewal application fee if received within 31 calendar days after certificate expiration ..... | 40.00 |

| | | |
|---|---|---|
| (4) | certification renewal application fee if received on or after the 32nd calendar day after certificate expiration | 80.00 |

(c) Mobile intensive care technician fees:

| | | |
|---|---|---|
| (1) | Examination/certification application fee | 65.00 |
| (2) | certification renewal application fee if received before certificate expiration | 50.00 |
| (3) | certification renewal application fee if received within 31 calendar days after certificate expiration | 100.00 |
| (4) | certification renewal application fee if received on or after the 32nd calendar day after certificate expiration | 200.00 |

(d) EMT, EMT-I, EMT-D, and EMT-I/D fees:

| | | |
|---|---|---|
| (1) | Examination/certification application fee | 50.00 |
| (2) | certification renewal application fee if received before certificate expiration | 30.00 |
| (3) | certification renewal application fee if received within 31 calendar days after certificate expiration | 60.00 |
| (4) | certification renewal application fee if received on or after the 32nd calendar day after certificate expiration | 120.00 |
| (5) | certification renewal application fee for dual certification as an EMT-I/D if received before certificate expiration | 30.00 |
| (6) | certification renewal application fee if received within 31 calendar days after certificate expiration | 60.00 |
| (7) | certification renewal application fee if received on or after the 32nd calendar day after certificate expiration | 120.00 |

(e) Instructor-coordinator and training officer fees:

| | | |
|---|---|---|
| (1) | Examination/certification application fee | 65.00 |
| (2) | certification renewal application fee if received before certificate expiration | 30.00 |
| (3) | certification renewal application fee if received within 31 calendar days after certificate expiration | 60.00 |
| (4) | certification renewal application fee if received on or after the 32nd calendar day after certificate expiration | 120.00 |

(f) Type I, II, II-A, and V ambulance service fees:

| | | |
|---|---|---|
| (1) | Service permit application fee | 100.00 |
| (2) | service permit renewal fee if received on or before permit expiration | 100.00 |
| (3) | service permit renewal fee if received after permit expiration | 200.00 |
| (4) | vehicle license application fee | 40.00 |

(g) Each application for certification examination shall include payment of the prescribed examination/certification application fee to the board in addition to the application fee prescribed by the national registry of emergency medical technicians. Separate money orders, cashier's checks, or institutional checks shall be made payable to the "National Registry of Emergency Medical Technicians."

(h) Payment of fees may be made by warrants, payment vouchers, or purchase orders from an ambulance service, fire department, or municipality as defined by K.S.A. 65-6112 and amendments thereto.

(i) Payment submitted to the board for an examination/certification fee or renewal fee for more than one attendant, training officer, or I-C shall not be accepted, unless the fee amount is correct. (Authorized by K.S.A. 65-6110, 65-6111, 65-6127, 65-6129, 65-6129b, and 65-6129c; implementing K.S.A. 65-6111, 65-6127, 65-6128, 65-6129, 65-6129b, and 65-6129c; effective July 1, 1990; amended Feb. 3, 1992; amended Nov. 1, 1996; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Oct. 31, 2003.)

## Article 8.—EXAMINATIONS

**109-8-1. Examinations.** (a) (1) On and after January 1, 1997, the written certification examination for first responders trained under the 1995 national standard curriculum, modified and adopted by the board, for emergency medical technicians trained under the 1994 national standard curriculum, modified and adopted by the board, and for mobile intensive care technicians shall be the national registry examination.

(2) Any candidate for mobile intensive care technician certification who fails the emt-paramedic national registry written examination may retake the examination the maximum allowable number of times pursuant to national registry policy during the period of eligibility as specified in K.S.A. 65-6129 and its amendments. Any first responder or emergency medical technician certification candidate who fails the first responder or emergency medical technician national registry written examination may retake the examination a maximum of three times during the period of eligibility as specified in K.S.A. 65-6129 and its amendments.

(b) The written certification examination for instructor/coordinator, emergency medical technician-intermediate, and emergency medical technician-defibrillator shall be the examination approved by the board on October 4, 1991. Any instructor/coordinator, emergency medical tech-

nician-defibrillator certification candidate who fails the examination may retake it a maximum of three times during the period of eligibility specified in K.S.A. 65-6129 and 65-6129b and their amendments.

(c) The examinations for instructor/coordinator endorsement for mobile intensive care technician, emergency medical technician-intermediate, and emergency medical technician-defibrillator shall be the examinations approved by the board on June 8, 1990.

(d) The examinations for training officer I and training officer II approval shall be the examinations approved by the board on August 6, 1993.

(e) The examination for interactive television endorsement of instructor/coordinators and training officers I and II shall be the examination approved by the board on August 5, 1995.

(f) Each certification candidate shall obtain a minimum score of 70 percent on each written examination and shall demonstrate competency in activities authorized by statute as evaluated by the administrator or administrator's designee, using criteria approved by the board.

(g) Any attendant candidate who is tested in such activities and who fails any skill station may retest each failed station a maximum of three times during the period of eligibility prescribed in K.S.A. 65-6129 and 65-6129b and their amendments.

(h) After January 1, 1997, each mobile intensive care technician candidate who is tested on such activities in accordance with national registry criteria and who fails any skill station may retest each failed portion the maximum allowable times under national registry policies during the period of eligibility specified in K.S.A. 65-6129 and its amendments. Each first responder and emergency medical technician who is tested in such activities in accordance with national registry criteria and who fails any skill station may retest each failed portion three times during the period of eligibility as specified in K.S.A. 65-6129 and its amendments.

(i) Any examination for certification may be modified by the board in order to field-test proposed changes in either the written or practical skills examination. (Authorized by and implementing K.S.A. 65-6110, 65-6129 and 65-6129b; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Dec. 19, 1994; amended Jan. 5, 1996; amended Nov. 8, 1996; amended May 16, 1997.)

## Article 9.—INSTRUCTOR-COORDINATOR

**109-9-1. Instructor-coordinator certification.** (a) Each applicant for certification as an I-C shall apply to the administrator using forms provided by the administrator and shall meet the following requirements:

(1) Current certification or licensure as an EMT, EMT-I, EMT-D, MICT, physician, or professional nurse;

(2) successful completion of an approved I-C initial course of instruction, except as specified in subsection (b);

(3) attainment of a score of 70% or higher on an I-C certification examination approved by the board; and

(4) verification of successful completion of an assistant teaching experience in one EMT-basic initial course of instruction or one first responder initial course of instruction. The assistant teaching experience shall have been directly supervised and evaluated by a certified I-C approved by either the administrator or any other person so authorized by any state or United States territory and shall be verified on forms approved by the administrator. The I-C candidate shall receive a satisfactory rating by either the certified I-C or authorized person in organizing, scheduling, implementing, and evaluating educational experiences in the classroom, lab, clinical, and field environments.

(b) Notwithstanding paragraph (a)(2), an applicant shall not be required to take the department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum" if the applicant can establish one of the following:

(1) Successful completion of a United States department of transportation EMS instructor training program national standard curriculum;

(2) successful completion of a fire service instructor course approved by the national board on fire service professional qualifications or the international fire service accreditation;

(3) successful completion of any United States military instructor trainer course that is substantially equivalent to the United States department of transportation national highway traffic safety administration "emergency medical services in-

structor training program: national standard curriculum," as identified in K.A.R. 109-10-1; or

(4) attainment of a bachelor's, master's, or doctoral degree that focuses on the philosophy, scope, and nature of educating adults. This degree shall have been conferred by an accredited postsecondary education institution.

(c) Each I-C requesting endorsement by the board to be the primary instructor of EMT-I initial courses of instruction shall meet the following requirements:

(1) Verify current certification or licensure and verify having been certified or licensed for at least one year as an MICT, a physician, a professional nurse, or an EMT-I;

(2) verify that the I-C has performed as an EMS functional crew member on at least 50 ambulance dispatches in the capacity of an EMT-I, an MICT, a physician, or a professional nurse;

(3) verify that ambulance dispatches to which the applicant responded as a functional crew member within the last year have been with an ambulance service that conducts quality assurance;

(4) submit a letter of appraisal of performance prepared by the director of the ambulance service for which the applicant functioned as an EMT-I, an MICT, a physician, or a professional nurse on at least 50 ambulance dispatches;

(5) submit a letter of appraisal concerning the applicant's instructor potential that was prepared by the medical advisor of the ambulance service for which the applicant functioned as an EMT-I, an MICT, a physician, or a professional nurse on at least 50 ambulance dispatches;

(6) verify that the I-C has been the primary instructor of two EMS initial courses of instruction for certification, except as specified in subsection (d). At least one of the two initial courses of instruction shall have been an EMT-basic course;

(7) verify successful completion of an assistant teaching experience as described in paragraph (a)(4), except that the assistant teaching experience shall have been in an initial course of instruction at the EMT-I level or in an initial course of instruction at the MICT level; and

(8) verify successful completion of an EMT-I I-C endorsement course approved by the board.

(d) An I-C may establish compliance with paragraph (c)(6) if the I-C has been approved in any state or United States territory to be a primary instructor of an EMT-intermediate initial course of instruction and the I-C has functioned as the primary instructor of a least two initial courses of instruction, of which at least one is at the EMT-intermediate level.

(e) Each I-C requesting endorsement by the board to be the primary instructor of MICT initial courses of instruction shall meet the following requirements:

(1) Verify that the I-C has at least two years of field experience as a functional MICT, physician, or professional nurse;

(2) verify that the I-C has performed as an EMS functional crew member on at least 200 ambulance dispatches in the capacity of an MICT, a physician, or a professional nurse;

(3) verify that ambulance dispatches to which the applicant responded as a functional crew member within the last year have been with an ambulance service that conducts quality assurance;

(4) submit a letter of appraisal of performance prepared by the director of the ambulance service for which the applicant performed as an MICT, a physician, or a professional nurse on at least 200 ambulance dispatches;

(5) submit a letter of appraisal concerning the applicant's instructor potential prepared by the medical advisor of the ambulance service for which the applicant performed as an MICT, a physician, or a professional nurse on at least 200 ambulance dispatches;

(6) verify that the I-C has been the primary instructor of two EMS initial courses of instruction for certification, except as specified in subsection (f). At least one of the two initial courses of instruction shall have been an EMT-basic course;

(7) verify that the I-C has a minimum of an earned associate of applied science degree conferred by an accredited postsecondary educational institution;

(8) verify current approval as an American heart association advanced cardiac life support instructor;

(9) verify successful completion of an assistant teaching experience as described in paragraph (a)(4), except that the assistant teaching experience shall have been in an initial course of instruction at the MICT level;

(10) verify successful completion of an MICT I-C endorsement course approved by the board; and

(11) verify that the I-C is currently actively involved in the delivery of emergency care.

(f) An I-C may establish compliance with par-

agraph (e)(6) if the I-C has been approved in any state or United States territory to be a primary instructor of an EMT-paramedic initial course of instruction and the I-C has functioned as the primary instructor of at least two initial courses of instruction, of which at least one is at the EMT-paramedic level.

(g) If within two years after the date of expiration of an I-C's certificate, this person applies for renewal of the certificate, the certificate may be granted by the board if the applicant completes 40 contact hours in adult education theory and methodology approved by the board and successfully completes an I-C workshop approved by the board. (Authorized by and implementing K.S.A. 2000 Supp. 65-6110, 65-6111, and 65-6129b; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Nov. 12, 1999; amended Nov. 9, 2001.)

**109-9-2.** (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; revoked Nov. 12, 1999.)

**109-9-3. Reserved.**

**109-9-4. Requirements for acceptance into an instructor-coordinator initial course of instruction.** (a) Each applicant for initial training as an I-C shall apply to the administrator using forms provided by the administrator. Only a complete application shall be accepted. A complete application shall include the following documentation:

(1) Proof that the applicant is currently certified or licensed and the applicant has been certified or licensed for at least one year as any of the following:

(A) An EMT, EMT-I, EMT-D, or MICT;

(B) a physician; or

(C) a professional nurse;

(2) proof that the applicant has at least one year of field experience with an ambulance service;

(3) a letter from a certified I-C verifying the I-C's commitment to supervise and evaluate the applicant on the competencies of the assistant teaching experience defined in K.A.R. 109-9-1;

(4) proof that the applicant has met the following requirements:

(A) Has current approval as a cardiopulmonary resuscitation instructor at the professional rescuer level. This approval shall be by the American heart association, the American red cross, or the national safety council;

(B) has instructed at least 15 hours of material; and

(C) possesses a current teaching certificate granted by the Kansas state board of education, or is currently certified as a training officer II; and

(5) six letters of recommendation, of which three shall be professional references and three shall be character references. These letters of recommendation shall not be from any member of the applicant's family. All letters of recommendation shall be verified by board staff with a form letter soliciting feedback from the individuals who wrote the letters of recommendation.

(b) If an applicant does not meet the requirement of paragraph (a)(4)(C), the applicant may satisfy the requirement by establishing that the applicant possesses both of the following:

(1) Authorization by any state or territory of the United States to be a primary instructor of EMT-basic, EMT-intermediate, or EMT-paramedic initial courses of instruction; and

(2)(A) A baccalaureate, master's, or doctorate in education conferred by an accredited postsecondary education institution;

(B) certification as a fire service instructor by the national board on fire service professional qualifications or the international fire service accreditation; or

(C) certification by any United States military organization verifying successful completion of any United States military instructor trainer course that is substantially equivalent to the United States department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum," as identified in K.A.R. 109-10-1.

(c) Each applicant who meets the requirements in subsection (a) and, if applicable, subsection (b) shall successfully complete an evaluation of knowledge and skills as follows:

(1) A written medical knowledge examination at the EMT level; and

(2) a practical skills examination at the EMT level.

(d) An applicant meeting the requirements in subsection (a) and, if applicable, subsection (b) may be approved by the administrator for training based upon the following criteria:

(1) A minimum score of 80% on the written

medical knowledge examination described in paragraph (c)(1); and

(2) a passing score for each practical skill station described in paragraph (c)(2). (Authorized by and implementing K.S.A. 2000 Supp. 65-6110, 65-6111, and 65-6129b; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; amended Jan. 31, 1994; amended Nov. 12, 1999; amended Nov. 9, 2001.)

**109-9-5.** (Authorized by and implementing K.S.A. 65-6110 as amended by L. 1993, Chap. 71, Sec. 1; effective March 16, 1992; amended Jan. 31, 1994; revoked Nov. 12, 1999.)

## Article 10.—CURRICULA

**109-10-1. Curriculum approval.** (a) The following documents identified in this subsection as national standard curricula are hereby adopted by reference.

(1) The approved curriculum for first responder initial courses of instruction shall be the United States department of transportation national highway traffic safety administration "first responder national standard curriculum," HS 808 291, August 1995, as modified by the board as follows:

(A) Module 3, "patient assessment," shall be replaced by the United States department of transportation national highway traffic safety administration "emergency medical technician: basic national standard curriculum," HS 808 149, August 1994; module 3, "patient assessment."

(B) Each instructor shall teach the bag-valve-mask resuscitator techniques and oxygen administration techniques from the United States department of transportation national highway traffic safety administration "emergency medical technician: basic national standard curriculum," HS 808 149, August 1994; module 2, "airway."

(C) Each instructor shall teach automated external defibrillation from the United States department of transportation national highway traffic safety administration "emergency medical technician: basic national standard curriculum," HS 808 149, August 1994; module 4, lesson 4-3, "cardiovascular emergencies."

(D) Each instructor shall teach vehicle extrication from the United States department of transportation national highway traffic safety administration "emergency medical technician: basic national standard curriculum," HS 808 149, August 1994; module 5, lesson 5-4, "injuries to the head and spine," and module 7, lesson 7-2, "gaining access."

(2) The approved curriculum for EMT initial courses of instruction shall be the United States department of transportation national highway traffic safety administration "emergency medical technician: basic national standard curriculum," HS 808 149, August 1994, as modified by the board as follows.

(A) Each instructor shall teach basic life support cardiopulmonary resuscitation and foreign body airway obstruction techniques for the adult, child, and infant in accordance with the "guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care" published by the American heart association as the "supplement to circulation," volume 102, number 8, dated August 22, 2000.

(B) Each instructor shall teach the esophageal obturator airway techniques in accordance with the United States department of transportation national highway traffic safety administration "emergency medical technician-intermediate: national standard curriculum," HS 900 091, August 1986; section 7, "airway management and ventilation."

(C) Each instructor shall teach the multi-lumen airways techniques in accordance with the manufacturer's recommendations.

(D) Each instructor shall teach the monitoring of intravenous fluid administration in accordance with the United States department of transportation national highway traffic safety administration "emergency medical technician-paramedic: national standard curriculum," HS 900 089, August 1986; division 2, section 4, "pathophysiology of shock."

(3) The approved curriculum for first responder to bridge to EMT-basic training shall be the curriculum approved by the board.

(4) The approved curriculum for EMT-I initial courses of instruction shall be the United States department of transportation national highway traffic safety administration "emergency medical technician-intermediate: national standard curriculum," HS 900 091, August 1986 with the addition of the EMT-I Kansas enrichment module approved by the board on June 4, 1999, except as identified as follows:

(A) The cognitive, psychomotor, and affective objectives of the EMT-I Kansas enrichment module, lession 1.2 concerning endotracheal intuba-

tion, tracheobronchial suctioning, and use of magill forceps shall be optional.

(B) The psychomotor skills of the EMT-I Kansas enrichment module, lesson 4 concerning endotracheal intubation shall be optional.

(5) The approved curriculum for MICT initial courses of instruction shall be the United States department of transportation national highway traffic safety administration "emergency medical technician-paramedic: national standard curriculum," HS 900 089, August 1986. Effective on and after January 1, 2003, the approved curriculum for MICT initial courses of instruction shall be the United States department of transportation national highway traffic safety administration "EMT-paramedic national standard curriculum," DOT HS 808 862, March 1999. Effective on and after January 1, 2001, MICT initial courses of instruction may teach the United States department of transportation national highway traffic safety administration "EMT-paramedic national standard curriculum," DOT HS 808 862, March 1999.

(6) The approved curriculum for I-C initial courses of instruction for a first responder and emergency medical technician endorsement shall be the United States department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum," HS 808 376, March 1996, as modified by the board as follows.

(A) Each approved I-C initial course of instruction shall teach and have the students practice EMS practical skills at the basic life support level in accordance with the curriculum described in paragraph (a) (2) of this regulation.

(B) Each approved I-C initial course of instruction shall teach the course approval process curriculum, as approved by the board.

(C) Each approved I-C initial course of instruction shall teach the state examination process curriculum as approved by the board.

(D) Each approved I-C initial course of instruction shall teach the "quality assurance of training programs" curriculum, as approved by the board.

(E) Each approved I-C initial course of instruction shall teach the "risk management concerns for training programs" curriculum, as approved by the board.

(F) Each approved I-C initial course of instruction shall teach the "planning and implementing training programs" curriculum, as approved by the board.

(G) Each approved I-C initial course of instruction shall teach the "teaching and evaluating the affective domain" curriculum, as approved by the board.

(H) Each approved I-C initial course of instruction shall teach the "ethics in the educational process" curriculum, as approved by the board.

(I) Each approved I-C initial course of instruction shall assure the provision of effectively evaluated assistant teaching experiences as described in K.A.R. 109-11-7 for each student.

(b) The approved curriculum for EMT-D initial courses of instruction shall be the emergency medical training program approved by the board.

(c) The approved curriculum for I-C initial courses of instruction for EMT-I, EMT-D, and MICT endorsements shall be the curriculum approved by the board.

(d) The approved curriculum for training officer I initial courses of instruction shall be the curriculum approved by the board.

(e) The approved curriculum for training officer II initial courses of instruction shall be the curriculum approved by the board.

(f) The approved curriculum for the certified I-C and approved training officer initial course of instruction for interactive television endorsement shall be the curriculum approved by the board.

(g) In the event of proposed curricula or proposed curricula revisions, a maximum of three initial courses of instruction to field-test the proposed curricula or curricula revisions for the purpose of considering permanent adoption of the proposed curricula or proposed curricula revisions may be approved by the board. Students of each approved field-test course shall, upon successful completion of an approved field-test course, be eligible to take the board examination for certification at the attendant level for which the approved field-test curriculum is intended. All examination regulations shall be applicable to students successfully completing an approved field-test curriculum. (Authorized by and implementing K.S.A. 1999 Supp. 65-6110 and 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended April 10, 1995; amended Sept. 22, 1995; amended Nov. 1, 1996; amended Nov. 12, 1999; amended Nov. 13, 2000; amended Nov. 9, 2001.)

**109-10-2. Long-term accreditation of**

**training programs conducting initial courses of instruction.** (a) Long-term training program accreditation may be approved by the administrator or the administrator's designee for EMS initial courses of instruction to be conducted only by providers of training as defined at K.S.A. 65-6112 and amendments thereto.

(b) The initial approval of long-term training program accreditation for EMS initial courses of instruction shall be for 24 months and may be renewed for a period of 60 months for each complete renewal application. The accreditation shall expire on the last day of the applicable month.

(c) Training program accreditation may be withdrawn, suspended, or modified by the administrator subject to review by the board if the training program coordinator submits a written request for board review within 10 calendar days after receipt of a letter advising the training program that withdrawal, suspension, or modification action has been taken.

(d) Each organization desiring long-term training program accreditation for EMS initial courses of instruction shall meet the following requirements:

(1) Make application for approval to the administrator for long-term training program accreditation. This application shall be complete and shall be received in the board's office at least 90 calendar days before the commencement of an initial course of instruction. A complete application shall include the following:

(A) A completed application form provided by the administrator;

(B) a training program management plan describing how the applicant will meet the requirements of this subsection;

(C) a list of EMS training equipment that will be used in each course; and

(D) a statement of assurances and certifications signed by the training program coordinator and the training program medical advisor that is on a form provided by the administrator;

(2) appoint a training program coordinator who will serve as the liaison to the board concerning program issues. The training program coordinator for permitted ambulance services, fire departments, other officially organized public safety agencies, and corporations shall be a certified I-C. The training program coordinator for postsecondary educational institutions and hospitals shall verify, within the application, that the coordinator has training and experience in coordinating educational offerings. The training program coordinator shall sign and date the application for long-term training program accreditation, each notice of intent to conduct training, and each assurances and certifications form;

(3) appoint a physician who will serve as the medical advisor for the training program. The training program medical advisor shall sign and date each application for long-term training program accreditation and each assurances and certifications form;

(4) appoint a primary instructor for each course that, at a minimum, meets the requirements of the course approval regulations applicable to the level of course to be conducted. The primary instructor of each course shall sign and date the notice of intent to conduct training on a form provided by the administrator;

(5) provide a sufficient number of lab assistants to maintain a student-to-instructor ratio not to exceed six students for each instructor during laboratory training sessions;

(6) enter into written agreements with a hospital to provide clinical training and with a Kansas-permitted ambulance service to provide field internship training, if applicable, at the level of EMS initial courses of instruction to be conducted;

(7) provide clinical preceptors for courses requiring clinical training;

(8) provide field internship preceptors for courses requiring field internship training;

(9) provide a sufficient quantity of EMS training equipment to maintain a student-to-equipment ratio of 6:1 during laboratory training sessions;

(10) establish an infection-control policy;

(11) establish an equipment maintenance and cleaning policy;

(12) conduct analyses of outcome assessments utilized in the training program that, at a minimum, address the following outcome assessments:

(A) Each student's ability to perform competencies in a field-contextual situation;

(B) each student's ability to integrate cognitive and motor skills to appropriately care for sick and injured patients;

(C) each student's competency in all motor skills included in the curriculum;

(D) the manner in which test items measure attainment of educational objectives;

(E) the manner in which the training program is evaluated by the organization and the students and communities of interest, and the manner in

which this information is utilized to modify the program, if necessary;

(F) laboratory training sessions that include distributed practice;

(G) the degree to which students gain knowledge during the course;

(H) each student's receipt of sufficient laboratory, clinical, and field experience to become competent clinicians;

(I) evidence that cognitive material is periodically reviewed and tested at higher levels of taxonomy and that labs include distributed practice and learning to autonomic level and simulation mastery;

(J) the qualifications, commitment, and support of the lead faculty conducting the course;

(K) The validity and reliability of instruments being used to establish the competence of graduates;

(L) clinical and field training that includes sufficient documented patient contact with a variety of medical and trauma patients in order to establish, in the preceptor's and medical advisor's professional judgment, that the student has attained competence; and

(M) field training in which providers are utilizing quality assurance systems and sound medical control, and are providing students with medical feedback on patients they have seen;

(13) provide each student with a course syllabus for each course that describes, at a minimum, the following information:

(A) A summary of the course goals and objectives;

(B) student prerequisites, if any, for admission into the course;

(C) instructional and other materials required to be purchased by the student;

(D) student fees;

(E) student attendance policies;

(F) student evaluation policies;

(G) student requirements for successful course completion;

(H) a description of the clinical and field training requirements, if applicable;

(I) student and participant safety policies;

(J) Kansas requirements for certification;

(K) student dress and hygiene requirements, if applicable;

(L) student progress conferences;

(M) student discipline policies; and

(N) student policies concerning equipment use;

(14) provide each student with a course schedule;

(15) maintain training program records and course records for a minimum of three years. The records that shall be maintained are as follows:

(A) A copy of all documents required to be submitted with the application for long-term training program accreditation;

(B) a copy of all documents required to be submitted with the notice of intent to conduct training;

(C) student attendance;

(D) student grades;

(E) student conferences;

(F) course curricula;

(G) lesson plans for all lessons delivered;

(H) clinical training objectives, if applicable;

(I) field training objectives, if applicable;

(J) completed clinical and field internship preceptors' evaluations of each student;

(K) master copies and completed copies of the outcome assessment and outcome analyses tools used;

(L) completed copies of the students' evaluations of each course and all instructors; and

(M) a copy of each course syllabus;

(16) establish a budget dedicated to the support of the training program;

(17) establish position descriptions for the program coordinator, the program medical advisor, the primary instructor, and lab assistants;

(18) establish a committee that will serve in an advisory capacity to the training program concerning issues of program planning, implementation, evaluation, and continuing quality improvement. The purpose of the committee shall be clearly stated in the training program's management plan. Committee membership shall, at a minimum, be representative of the training program's communities of interest, former graduates of the training program, program faculty, the training program medical advisor, and general public; and

(19) when applicable, submit a sufficient notice of intent to conduct training on a form provided by the administrator for each course conducted. Each notice of intent to conduct training shall meet the following requirements:

(A) Be received in the board office at least 15 calendar days before the date of the first class session;

(B) meet the requirements of the Kansas administrative regulations applicable to each level of course that the training program will conduct; and

(C) include a course schedule that includes the following information:

(i) The date and time each class session is to meet;

(ii) the title of each lesson that corresponds to the title of the lesson as stated in the applicable United States department of transportation national standard curriculum being taught;

(iii) the instructor of each lesson and the instructor's qualifications; and

(iv) the lesson number of each lesson that corresponds to the lesson number of the applicable United States department of transportation national standard curriculum being taught; and

(D) include a list of all faculty to be used in the delivery of the course. The list shall include the name and credentials of the primary instructor, lab assistants, and guest faculty.

(e) Upon request by the administrator, each long-term accredited training program shall provide the administrator with copies of all training program and course records.

(f) Effective January 1, 2001, training programs approved to conduct MICT initial courses of instruction shall meet the following requirements:

(1) Require that, on or before completion of the program, all students be conferred, at a minimum, an associate degree in applied science by the college;

(2) verify, with the submission of notice of intent to conduct training for the first course to begin on or after January 1, 2001, that the training program coordinator has applied for accreditation to the committee on accreditation of allied health education programs joint review committee for emergency medical technician-paramedic; and

(3) provide proof of accreditation from the committee on accreditation of allied health education programs joint review committee for emergency medical technician-paramedic. This proof shall be submitted to the board before the commencement of the third course that begins after January 1, 2001.

(g) Effective January 1, 2001, long-term accredited MICT training programs applying for renewal of board accreditation that have current accreditation by the committee on allied health education programs joint review committee for emergency medical technician-paramedic shall be considered as having submitted sufficient application by submitting a completed application form provided by the administrator and written verification of current joint review committee accreditation. (Authorized by and implementing K.S.A. 1998 Supp. 65-6110 and 65-6111; effective Aug. 30, 1993; amended Nov. 12, 1999.)

**109-10-3. Late enrollment.** (a) Instructor-coordinators and training officers II may allow students to enroll late into an initial course of instruction provided the course has not surpassed the first 10 percent of the didactic and laboratory training sessions as described in the course syllabus. Once the initial course of instruction has surpassed the first 10 percent of the didactic and laboratory training sessions as described in the course syllabus, an individual may not be allowed to enroll for the purpose of obtaining state certification.

(b) Instructor-coordinators and training officers II who admit late enrollees into initial courses of instruction shall submit to the administrator, within 10 days of the student's enrollment, a make-up schedule for each late enrollee. The make-up schedule shall include all classes which the late enrollee missed.

(c) The instructor-coordinator or training officer II shall also submit to the administrator, within ten days after the enrollment, a student form for each late enrollee. (Authorized by and implementing K.S.A. 65-6110, as amended by L. 1993, Chap. 71, Sec. 1; effective Jan. 31, 1994.)

**109-10-4. Student transfers.** (a) To transfer from one initial course of instruction to another initial course of instruction of the same certification level, the student shall provide the instructor-coordinator of the course of instruction into which the student desires to transfer with:

(1) A signed and dated document which outlines reasons why the student was unable to complete the original course of instruction in which the student was enrolled; and

(2) a summary of the portion of the original course of instruction which the student successfully completed, signed by the instructor-coordinator of the original course of instruction in which the student was enrolled.

(b) For a student to transfer into an initial course of instruction from another initial course of instruction the instructor-coordinator shall submit to the board:

(1) Documentation from the instructor-coordinator of the original course of instruction in which the student was enrolled, summarizing the portion of the original course of instruction in which the student was enrolled;

(2) a statement from the instructor-coordinator of the course into which the student desires to transfer, certifying that the instructor-coordinator will provide the remaining required material to the student and the student will be given a final evaluation of competencies of the required material of the total course; and

(3) a student form adding the student to the course.

(c) A student may transfer from one course of instruction to another if the student has been enrolled in the original course of instruction within the past 1 year and the instructor-coordinator agrees to accept this student and the requirements of subsections (a) and (b) of this regulation are met. (Authorized by and implementing K.S.A. 65-6110, as amended by L. 1993, Chap. 71, Sec. 1; effective Jan. 31, 1994.)

**109-10-5. Inter-active television.** (a) Only an instructor-coordinator, training officer I or training officer II who holds current board endorsement to instruct and coordinate classes using inter-active television may be granted approval of training to be delivered over inter-active television.

(b) Each instructor-coordinator, training officer I or training officer II shall submit an application to the administrator which, in addition to the required information according the K.A.R. 109-5-3, 109-11-1, 109-11-3, 109-11-4, 109-11-5, 109-11-6 or 109-11-7, shall include:

(1) a list of site coordinators to be used for each inter-active television site;

(2) documentation that the site coordinators have or will receive training pertaining to the course organization, classroom management, and technical aspects of operating the inter-active television equipment at the site coordinator's assigned location of responsibility, prior to their functioning as a site coordinator;

(3) an agreement from the school or institution to use the originating classroom and receiving locations for the duration of the training;

(4) a complete list and address of each site location to be used for the training;

(5) procedures to be used for conducting counseling sessions for all students, including those at receiving sites;

(6) a description of out-of-class instructor accessibility by students for initial courses of instruction; and

(7) a description of the procedures to be used for ensuring timely delivery and feedback of written materials at all sites.

(c) Each originating classroom and each receiving site shall have the capability of:

(1) two way voice communications and two way video communications allowing the students and instructor(s) to communicate with each other;

(2) videocassette (VCR) playback or the equivalent;

(3) projection of educational materials without an appreciable loss of reproduction quality at the receiving sites; and

(4) alternative methods of contact with each of the sites.

(d) Any approved class may be monitored by the administrator or the administrator's designee. (Authorized by K.S.A. 1993 Supp. 65-6110; implementing K.S.A. 65-6129; effective Dec. 19, 1994.)

**109-10-6. Required training equipment and supplies.** (a) Providers of training shall assure the provision of EMS training equipment and supplies for each course. The training equipment and supplies provided shall be in sufficient quantity to maintain a ratio of no more than six students practicing together on one piece of equipment. Training supplies that are for the purpose of protecting the student from exposure to bloodborne and airborne pathogens shall be functional and clean and shall be provided in sufficient quantity to assure that students have their own.

(b) Providers of training approved to conduct first responder initial courses of instruction shall provide, at a minimum, the following equipment and supplies:

(1) Latex surgical gloves. Students who are allergic to latex shall be provided nonallergenic surgical gloves;

(2) eye protection;

(3) masks;

(4) gowns;

(5) exposure-reporting forms;

(6) penlights;

(7) stethoscopes. Stethoscopes provided shall be both dual head and single head;

(8) adult, infant, and child sphygmomanometers;

(9) head immobilization devices;

(10) long spine boards;

(11) short spine boards;

(12) cervical collars of various sizes to fit adults and children;

(13) oropharyngeal airways of various sizes for adults, children, and infants;
(14) self-protection resuscitation pocket mask with valve;
(15) bag-valve-mask resuscitators;
(16) tongue blades;
(17) ventilation mannequins;
(18) manual and battery-powered portable suction units;
(19) suction tubing;
(20) rigid suction tips;
(21) suction catheters;
(22) portable oxygen cylinders;
(23) oxygen regulators;
(24) oxygen flow meters;
(25) oxygen administration extend tubing;
(26) oxygen administration nasal cannulas;
(27) non-rebreather oxygen administration masks;
(28) adult cardiopulmonary resuscitation mannequins;
(29) child cardiopulmonary resuscitation mannequins;
(30) infant cardiopulmonary resuscitation mannequins;
(31) automated external defilbrillator trainers;
(32) defibrillation mannequins if using actual automated external defibrillators instead of the training models;
(33) an arrhythmia generator if using actual automated external defibrillators instead of the training models;
(34) occlusive dressings;
(35) universal dressings;
(36) self-adherent bandages;
(37) sterile wound dressings;
(38) roller bandages;
(39) bandage scissors;
(40) porous tape;
(41) nonporous tape;
(42) triangular bandages;
(43) a pillow;
(44) improvised splinting equipment such as a stick, rod, or magazine;
(45) emergency childbirth kits;
(46) childbirth training mannequins;
(47) blankets;
(48) triage tags; and
(49) hazardous materials guidebooks.

(c) Providers of training approved to conduct emergency medical technician-basic initial courses of instruction shall provide, at a minimum, the following equipment:

(1) Latex surgical gloves. Students who are allergic to latex shall be provided nonallergenic surgical gloves;
(2) eye protection;
(3) masks;
(4) gowns;
(5) exposure-reporting forms;
(6) penlights;
(7) stethoscopes. Stethoscopes provided shall be both dual head and single head;
(8) adult, infant, and child sphygmomanometers;
(9) head immobilization devices;
(10) long spine boards;
(11) short spine boards;
(12) cervical collars of various sizes to fit adults and children;
(13) oropharyngeal airways of various sizes for adults, children, and infants;
(14) self-protection resuscitation pocket masks with valve;
(15) bag-valve-mask resuscitators;
(16) tongue blades;
(17) airway trainer mannequins;
(18) manual and battery-powered portable suction units;
(19) suction tubing;
(20) rigid suction tips;
(21) suction catheters;
(22) portable oxygen cylinders;
(23) oxygen regulators;
(24) oxygen flow meters;
(25) oxygen administration extend tubing;
(26) oxygen administration nasal cannulas;
(27) non-rebreather oxygen administration masks;
(28) adult cardiopulmonary resuscitation mannequins;
(29) child cardiopulmonary resuscitation mannequins;
(30) infant cardiopulmonary resuscitation mannequins;
(31) automated external defibrillator trainer;
(32) defibrillation mannequins if using actual automated external defibrillators instead of the trainer models;
(33) an arrhythmia generator if using actual automated external defibrillators instead of the training models;
(34) occlusive dressings;
(35) universal dressings;
(36) self-adherent bandages;
(37) sterile wound dressings;
(38) roller bandages;

(39) bandage scissors;
(40) porous tape;
(41) nonporous tape;
(42) triangular bandages;
(43) a pillow;
(44) improvised splinting equipment such as a stick, rod, or magazine;
(45) emergency childbirth kits;
(46) childbirth training mannequins;
(47) blankets;
(48) triage tags;
(49) hazardous materials guidebooks;
(50) helmets;
(51) ladder splints;
(52) cardboard splints;
(53) traction splints;
(54) air splints;
(55) padded arm and leg splints;
(56) sterile water or saline;
(57) burn sheets;
(58) anti-shock garments;
(59) restraints;
(60) nitroglycerine training bottles;
(61) epi-pen trainers or actual epi-pens;
(62) synthetic skin mannequins for injection if using actual epi-pens;
(63) metered dose inhaler trainers with placebo;
(64) inhaler spacer devices;
(65) glucose or a suitable glucose substitute;
(66) multi-lumen airways;
(67) an airway trainer protective lubricant;
(68) 35 cubic centimeter syringes;
(69) 100 cubic centimeter syringes;
(70) 20 cubic centimeter syringes;
(71) flow-restricted, oxygen-powered ventilation devices;
(72) assorted sizes of nasopharyngeal airways;
(73) a wheeled gurney;
(74) a stair-chair stretcher;
(75) a scoop stretcher;
(76) a flexible stretcher; and
(77) anatomy models.

(d) Providers of training approved to conduct MICT initial courses of instruction shall provide, in addition to the EMT-basic equipment, the following equipment:

(1) Electrocardiogram monitor/defibrillator/external pacer, complete with batteries, electrodes, cables, and tracing paper;
(2) pediatric and adult laryngoscope handles, complete with batteries, blades, and lightbulbs;
(3) infant, child, and adult endotracheal tubes;
(4) endotracheal tube stylettes;
(5) infant intubation training mannequins;
(6) adult, child, and infant Magill forceps;
(7) cricothyrotomy training mannequins;
(8) cricothyrotomy kits;
(9) tracheal suction kits;
(10) DeLee suction kits;
(11) chest decompression mannequins;
(12) chest decompression needles;
(13) portable ventilators;
(14) pulse oximeters;
(15) small volume nebulizers, complete with hookups for bag-mask resuscitators;
(16) t-tubes and tubing for administration of oxygen and respiratory medications via blow-by;
(17) intraosseous infusion mannequins;
(18) intraosseous needles;
(19) assorted sizes of vacutainers, complete with collection barrels, needles, and needle holders;
(20) blood glucometers;
(21) intravenous infusion training arm;
(22) sterile normal saline intravenous infusion solutions;
(23) intravenous infusion administration tubing;
(24) intravenous infusion piggyback administration kits;
(25) medication labels;
(26) intravenous infusion buretrols;
(27) restricting bands;
(28) alcohol and betadine preptics;
(29) assorted sizes of intravenous infusion needles and catheters;
(30) assorted sizes of syringes with luer-lock;
(31) infant intravenous infusion training heads;
(32) intravenous infusion standards;
(33) sharps disposal containers; and
(34) simulated drug kits.

(e) Equipment used during training shall be functional, clean, and serviceable. (Authorized by and implementing K.S.A. 1998 Supp. 65-6110 and 65-6111; effective Nov. 12, 1999.)

## Article 11.—COURSE APPROVALS

**109-11-1. First responder course approval.** (a) First responder initial courses of instruction may be approved by the administrator or the administrator's designee to be conducted only by providers of training as defined by K.S.A. 65-6112 and amendments thereto.

(b) Each provider requesting approval to con-

duct first responder initial courses of instruction shall submit an application to the administrator that includes the following information:

(1) The name, address, and telephone number of the training program coordinator;

(2) the location of the course;

(3) the name of the primary instructor of the course;

(4) the names and credentials of all lab assistants;

(5) the name, address, and telephone number of the training program's medical advisor;

(6) the dates on which the course will begin and end;

(7) the times and duration of scheduled classes;

(8) the number of students anticipated;

(9) a course syllabus as described in K.A.R. 109-10-2;

(10) a course agenda schedule that identifies the following:

(A) The date of each class session;

(B) the times each class session is to start and end;

(C) the title of the subject matter of each class session as described in K.A.R. 109-10-2; and

(D) the instructor of each class session;

(11) a letter from the director of the ambulance service providing ambulance service to the community in which the course is taught, indicating the service's commitment to provide the support as defined in the curriculum; and

(12) a complete application form approved by the administrator and signed by the training program coordinator, the training program medical advisor, and the course primary instructor.

(c) Each application shall be received in the board office not later than 15 calendar days before the first scheduled class. Only a complete application shall be accepted.

(d) Each approved first responder course shall meet the following conditions:

(1) Meet or exceed the curriculum described in K.A.R. 109-10-1 (a);

(2) require that each student perform at least one randomly selected, competently performed, objectively graded medical emergency simulation and one randomly selected, competently performed, objectively graded trauma emergency simulation in order to successfully complete the course;

(3) meet or exceed the requirements outlined in the curriculum; and

(4) maintain course records as described in K.A.R. 109-10-2 (d) (15) (C)-(J), (L), and (M). These records shall be maintained for a period of not less than three years.

(e) Each primary instructor shall provide the administrator with an enrollment form from each student within 10 days of the date of the first class session.

(f) Each approved program shall provide any program documentation requested by the administrator.

(g) Any approved class may be monitored by the administrator or the administrator's designee.

(h) Program approval may be withdrawn by the board if the provider violates any regulation or if a quality program is not maintained. (Authorized by K.S.A. 1998 Supp. 65-6110, 65-6111; implementing K.S.A. 1998 Supp. 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Jan. 31, 1994; amended Nov. 12, 1999.)

**109-11-2.** (Authorized by K.S.A. 1990 Supp. 65-6110; implementing K.S.A. 1990 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; revoked Nov. 12, 1999.)

**109-11-3. Emergency medical technician course approval.** (a) EMT-basic initial courses of instruction may be approved by the administrator or the administrator's designee to be conducted only by providers of training as defined at K.S.A. 65-6112 and amendments thereto.

(b) Each provider requesting approval to conduct EMT-basic initial courses of instruction shall submit an application to the administrator that includes the following information:

(1) The name, address, and telephone number of the training program coordinator;

(2) the location of the course;

(3) the name of the certified I-C who will be the primary instructor of the course;

(4) the names and credentials of all lab assistants;

(5) the name, address, and telephone number of the training program's medical advisor;

(6) the dates on which the course will begin and end;

(7) the times and duration of scheduled classes;

(8) the number of students anticipated;

(9) a course syllabus as described in K.A.R. 109-10-2;

(10) a description of the clinical and field training rotation;

(11) a course agenda schedule that identifies the following:

(A) The date of each class session;

(B) the times each class session is to start and end;

(C) the title of the subject matter of each class session as described in K.A.R. 109-10-2; and

(D) the instructor of each class session;

(12) letters from the training program medical advisor, the director of the ambulance service providing ambulance service to the community in which the course is taught, the director of the ambulance service that will provide field training to the students, if applicable, and the administrator, or the administrator's designee, of the hospital in which the clinical rotation is provided, indicating their commitment to provide the support as defined in the curriculum; and

(13) a complete application form approved by the administrator and signed by the training program coordinator, the training program medical advisor, and the course primary instructor.

(c) Each application shall be received in the board office not later than 15 calendar days before the first scheduled class. Only a complete application shall be accepted.

(d) Each approved EMT-basic course shall meet the following conditions:

(1) Meet or exceed the curriculum as described in 109-10-1;

(2) require that each student perform at least one randomly selected, competently performed, objectively graded medical emergency simulation and at least one randomly selected, competently performed, objectively graded trauma emergency simulation in order to successfully complete the course;

(3) include hospital clinical training and ambulance field training that provide the following:

(A) An orientation to the hospital and ambulance service; and

(B) supervised participation in patient care and assessment, including the performance of a complete patient assessment on at least one patient. In the absence of participatory clinical or field training, contrived experiences may be substituted;

(4) meet or exceed the requirements outlined in the curriculum; and

(5) maintain course records as described in K.A.R. 109-10-2 (d) (15) (C)-(J), (L), and (M). These records shall be maintained for a period of not less than three years.

(e) The primary instructor shall provide the administrator with a complete list of all students enrolled in the course and an enrollment form from each student within 10 days of the first class session.

(f) Each approved course shall provide any program documentation requested by the administrator.

(g) Any approved class may be monitored by the administrator or the administrator's designee.

(h) Course approval may be withdrawn by the board if the provider violates any regulation or if a quality course is not maintained. (Authorized by K.S.A. 1998 Supp. 65-6110, 65-6111; implementing K.S.A. 1998 Supp. 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Nov. 12, 1999.)

**109-11-4. Emergency medical technician-intermediate course approval.** (a) EMT-I initial courses of instruction may be approved by the administrator or the administrator's designee to be conducted only by accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety departments, or hospitals.

(b) Each provider requesting approval to conduct EMT-I initial courses of instruction shall submit an application to the administrator that includes the following information:

(1) The name, address, and telephone number of the training program coordinator;

(2) the location of the course;

(3) the name of the EMT-I endorsed I-C or MICT endorsed I-C who will be the primary instructor of the course;

(4) the names and credentials or all lab assistants;

(5) the name, address, and telephone number of the training program's medical advisor;

(6) the dates on which the course will begin and end;

(7) the times and duration of scheduled classes;

(8) the number of students anticipated;

(9) a course syllabus as described in K.A.R. 109-10-2;

(10) a description of the clinical training;

(11) a description of field training, if applicable;

(12) letters from the training program's medical advisor, the director of the ambulance service providing ambulance service to the community in which the course is taught, the director of each ambulance service that will provide field training

to the students if applicable, and the administrator, or the administrator's designee, of the hospital in which the clinical training is provided, indicating their commitment to provide the support as defined in the curriculum;

(13) a course agenda schedule that identifies the following:

(A) The date of each class session;

(B) the times each class session is to start and end;

(C) the title of the subject matter of each class session as described in K.A.R. 109-10-2; and

(D) the instructor of each class session; and

(14) a complete application form approved by the administrator and signed by the training program coordinator, the training program medical advisor, and the course primary instructor.

(c) Each application shall be received in the board's office not later than 15 calendar days before the first scheduled class. Only a complete application shall be accepted.

(d) Each approved EMT-I course shall meet the following conditions:

(1) Meet or exceed the curriculum as described in K.A.R. 109-10-1; and

(2) require that each student meet the following conditions in order to successfully complete the course:

(A) Successfully perform 20 venipunctures, of which 10 shall be for the purpose of initiating intravenous infusions;

(B) administer one nebulized breathing treatment during clinical training;

(C) successfully perform three endotracheal intubations on live patients, with written verification by a physician or certified registered nurse anesthetist competent in the procedure that the student is competent in performing the procedure;

(D) perform one randomly selected, competently performed, objectively graded medical emergency simulation and one randomly selected, competently performed, objectively graded trauma emergency simulation; and

(E) successfully complete 40 hours of clinical experience at a hospital and ambulance service, including orientation to all areas of the hospital and ambulance service, utilizing qualified instructors as defined in K.A.R. 109-11-9.

(e) Each course shall meet or exceed the requirements outlined in the department of transportation course guide HS 900 090, as in effect on January 1, 1989 and shall maintain course records as described in K.A.R. 109-10-2 (d) (15) (C)-(J), (L), and (M). These records shall be maintained for a period of not less than three years.

(f) Each primary instructor shall provide the administrator with an enrollment form from each student within 10 days of the first class session.

(g) Any approved class may be monitored by the administrator or the administrator's designee.

(h) Each approved course shall provide any program documentation requested by the administrator.

(i) Course approval may be withdrawn by the board if the provider violates any regulation or if a quality course is not maintained. (Authorized by K.S.A. 1998 Supp. 65-6110, 65-6111; implementing K.S.A. 1998 Supp. 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 16, 1993; amended Nov. 12, 1999.)

**109-11-5. Emergency medical technician-defibrillator course approval.** (a) EMT-D initial courses of instruction may be approved by the administrator or the administrator's designee to be conducted only by providers of training as defined at K.S.A. 65-6112 and amendments thereto.

(b) Each provider requesting approval to conduct EMT-D initial courses of instruction shall submit an application to the administrator that includes the following information:

(1) The name, address, and telephone number of the training program coordinator;

(2) the location of the course;

(3) the name of the certified EMT-D endorsed I-C who will be the primary instructor of the course;

(4) the names and credentials of all lab assistants;

(5) the name, address, and telephone number of the training program's medical advisor;

(6) the dates on which the course will begin and end;

(7) the times and duration of scheduled classes;

(8) the number of students anticipated;

(9) a course syllabus as described in K.A.R. 109-10-2;

(10) a description of the clinical and field training, if applicable;

(11) a course agenda schedule that identifies the following:

(A) The date of each class session;

(B) the times each class session is to start and end;

(C) the title of the subject matter of each class session; and

(D) the instructor of each class session; and

(12) letters from the training program medical advisor, the director of the ambulance service providing ambulance service to the community in which the course is taught, the director of the ambulance service that will provide field training to the students if applicable, and the hospital administrator, or the administrator's designee, of the hospital in which the clinical training is provided, if applicable, indicating their commitment to provide the support as defined in the curriculum.

(c) Each application shall be received in the board office not later than 15 calendar days before the first scheduled class. Only a complete application shall be accepted.

(d) Each approved EMT-D course shall meet the following conditions:

(1) Meet or exceed the curriculum as described in K.A.R. 109-10-1;

(2) require that each student, in order to successfully complete the course, perform at least one randomly selected, competently performed, objectively graded cardiac arrest medical emergency simulation requiring defibrillation; and

(3) maintain course records as described in K.A.R. 109-10-2 (d) (15) (C)-(J), (L), and (M). These records shall be maintained for a period of not less than three years.

(e) Each primary instructor shall provide the administrator with a complete list of all students enrolled in the course and an enrollment form from each student within 10 days of the first class session.

(f) Each approved course shall provide any program documentation requested by the administrator or the administrator's designee.

(g) Any approved class may be monitored by the administrator or the administrator's designee.

(h) Course approval may be withdrawn by the board if the provider violates any regulation or if a quality course is not maintained. (Authorized by K.S.A. 1998 Supp. 65-6110 and 65-6111; implementing K.S.A. 1998 Supp. 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Nov. 12, 1999.)

**109-11-6. Mobile intensive care technician course approval.** (a) MICT initial courses of instruction may be approved by the administrator or the administrator's designee to be conducted only by accredited postsecondary educational institutions.

(b) Each organization requesting approval to conduct MICT initial courses of instruction shall submit an application to the administrator that includes the following information:

(1) The name, address, and telephone number of the training program coordinator;

(2) the location of the course;

(3) the name of the MICT-endorsed I-C who will be the primary instructor of the course;

(4) the names and credentials of all lab assistants;

(5) the name, address, and telephone number of the training program's medical advisor;

(6) the dates on which the course will begin and end;

(7) the times and duration of scheduled classes;

(8) the number of students anticipated;

(9) a course syllabus as described in K.A.R. 109-10-2;

(10) a description of the clinical training;

(11) a description of the field internship training;

(12) letters from the training program medical advisor, the director of the ambulance service providing ambulance service to the community in which the course is taught, the director of each ambulance service that will provide field training to the students, and the administrator or the administrator's designee of the hospital in which the clinical training is provided, indicating their commitment to provide the support as defined in the curriculum;

(13) a course agenda schedule that identifies the following:

(A) The date of each class session;

(B) the times each class session is to start and end;

(C) the title of the subject matter of each class session as described in K.A.R. 109-10-2; and

(D) the instructor of each class session; and

(14) a complete application form approved by the administrator and signed by the training program coordinator, the training program medical advisor, and the course primary instructor.

(c) Each application shall be received in the board office not later than 15 calendar days before the first scheduled class. An incomplete application shall not be accepted.

(d) Each approved MICT course shall meet or exceed the requirements outlined in the department of transportation course guide HS 900 088

as in effect on January 1, 1989. Effective on and after January 1, 2003, each approved MICT course shall meet or exceed the requirements outlined in the department of transportation course guide HS 808 862, which is adopted by reference in K.A.R. 109-10-1(a) (4).

(e) Each approved MICT course shall meet the following requirements:

(1) Meet or exceed the curriculum standards as described in K.A.R. 109-10-1 and 109-10-2;

(2) consist of a minimum of 1200 hours of training, including at least the following:

(A) Four hundred hours of didactic and skills laboratory instruction by qualified instructors;

(B) two hundred and thirty-two hours of clinical training at a hospital by qualified instructors; and

(C) four hundred hours of field internship training with a type I ambulance service by qualified instructors;

(3) establish, in writing, how the outcome assessments described in K.A.R. 109-10-2 are performed; and

(4) assure, and establish in writing, how each student is provided experiences, which shall include at a minimum the following:

(A) The performance of 20 successful venipunctures, of which at least 10 shall be for the purpose of initiating intravenous infusions;

(B) successful performance of three endotracheal intubations on live patients, with written verification by a physician or certified registered nurse anesthetist competent in the procedure that the student is competent in performing the procedure;

(C) successful performance of five intraosseous infusions;

(D) administration of one nebulized breathing treatment during clinical training;

(E) performance of one randomly selected, competently performed, objectively graded cardiac arrest resuscitation simulation;

(F) performance of one randomly selected, competently performed, objectively graded medical emergency simulation;

(G) performance of one randomly selected, competently performed, objectively graded trauma emergency simulation;

(H) performance of a complete patient assessment on 50 patients, of which at least 25 shall be accomplished during field internship training;

(I) participation in, as an observer or as an assistant, three vaginal-delivered childbirths during clinical training;

(J) in increasing positions of responsibility, be a part of a type I service crew responding to 30 ambulance calls;

(K) performance of 10 intramuscular or subcutaneous injections;

(L) completion of 30 patient charts; and

(M) performance of monitoring and interpreting the electrocardiogram on 30 patients during clinical training and field internship training; and

(5) maintain course records as described in K.A.R. 109-10-2. These records shall be maintained for a period of not less than three years.

(f) The primary instructor shall provide the administrator with an enrollment form from each student within 10 days after the first class session.

(g) Any approved class may be monitored by the administrator or the administrator's designee.

(h) Each approved course shall provide any program documentation requested by the administrator.

(i) Course approval may be withdrawn by the board if the provider violates any regulation or if a quality course is not maintained. (Authorized by and implementing K.S.A. 1999 Supp. 65-6110 and 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; amended Nov. 12, 1999; amended Nov. 13, 2000.)

**109-11-7. Instructor-coordinator course approval.** (a) Each instructor-coordinator course shall be provided by the board or by an agency with which the board contracts.

(b) Each approved instructor-coordinator course shall:

(1) Meet or exceed the curriculum described in K.A.R. 109-10-1 (g);

(2) consist of a minimum of 90 hours of training; and

(3) use a text or texts approved by the board. (Authorized by K.S.A. 1988 Supp. 65-6110; implementing K.S.A. 1988 Supp. 65-6110 and 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989.)

**109-11-8. Successful completion of a course of instruction.** (a) To successfully complete a course of instruction as an attendant or instructor-coordinator, each student shall:

(1) Attend at least 90% of the class sessions as described in the course syllabus;

(2) maintain an average grade of at least 70% for all examinations given during the program; and

(3) demonstrate all practical skills to the satisfaction of the course coordinator.

(b) The course coordinator shall provide written approval, within 15 days of the final class, that the requirements of subsection (a) of this regulation have been met. Evidence of a grade of C or better on a course of instruction given by an accredited post-secondary school shall substitute for written approval. (Authorized by K.S.A. 65-6110, as amended by L. 1993, Chap. 71, Sec. 1; implementing K.S.A. 65-6111, as amended by L. 1993, Chap. 71, Sec. 2, K.S.A. 65-6129, as amended by L. 1993, Chap. 71, Sec. 5, and K.S.A. 65-6142; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989, amended Jan. 31, 1994.)

**109-11-9. Instructor qualifications.** (a) Each instructor-coordinator, training officer, and approved-program providers shall select qualified instructors as determined by training and subject matter as follows:

(1) The minimum qualifications for each didactic instructor shall be as stated in the DOT curricula course guide and instructor lesson plans of the level of training provided. In the absence of available instructors with qualifications as stated in the DOT curricula course guide and instructor lesson plans of the level of training provided, the instructor shall be approved by the administrator.

(2) Each medical skills laboratory instructor and assistant instructor shall be:

(A) a physician, registered nurse, or allied health personnel who possesses certification, registration, or licensure in the subject matter being taught; or

(B) an attendant certified at the level authorized to engage in activities associated with the skill being taught.

(3) Each skills laboratory instructor and assistant instructor for non-medical skills shall have technical training in and shall possess knowledge and expertise in the skill being taught.

(4) Each instructor of clinical training being conducted in a clinical health care facility shall be a licensed physician or a licensed professional nurse.

(5) Each instructor of field internship training being conducted with a pre-hospital emergency medical service shall be an attendant certified at or above the level of training being conducted.

(b) Each instructor-coordinator, training officer, and approved-program provider shall maintain records of all instructors and lab assistants used to provide training. These records shall include:

(1) the individual's name and qualifications;

(2) the subject matter the individual taught, assisted in teaching or evaluated;

(3) the dates the individual instructed, assisted, or evaluated; and

(4) the students' evaluations of the instructors. (Authorized by and implementing K.S.A. 1990 Supp. 65-6110; effective Feb. 3, 1992.)

**109-11-10. Emergency medical technician-basic bridge course approval.** (a) Initial courses of instruction to bridge from first responder to EMT-basic training may be approved by the administrator or the administrator's designee to be conducted only by providers of training as defined in K.S.A. 65-6112 and amendments thereto.

(b) Each provider requesting approval to conduct initial courses of instruction to bridge from first responder to EMT-basic shall submit an application to the administrator that includes the following information:

(1) The name, address, and telephone number of the training program coordinator;

(2) the location of the course;

(3) the name of the certified I-C who will be the primary instructor of the course;

(4) the names and credentials of all lab assistants;

(5) the name, address, and telephone number of the training program's medical advisor;

(6) the dates on which the course will begin and end;

(7) the times and duration of scheduled classes;

(8) the number of students anticipated;

(9) a course syllabus as described in K.A.R. 109-10-2;

(10) a description of the clinical and field training rotation;

(11) a course agenda schedule that identifies the following:

(A) The date of each class session;

(B) the times each class session is to start and end;

(C) the title of the subject matter of each class session as described in K.A.R. 109-10-2; and

(D) the instructor of each class session;

(12) letters from the training program medical advisor, the director of the ambulance service providing ambulance service to the community in

which the course is taught, the director of the ambulance service that will provide field training to the students, if applicable, and the administrator, or the administrator's designee, of the hospital in which the clinical rotation is provided, indicating their commitment to provide the support as defined in the curriculum; and

(13) a complete application form approved by the administrator and signed by the training program coordinator, the training program medical advisor, and the course primary instructor.

(c) Each application shall be received in the board office not later than 15 calendar days before the first scheduled class. Only a complete application shall be accepted.

(d) Each approved initial course of instruction to bridge from first responder to EMT-basic training shall meet the following conditions:

(1) Meet or exceed the first responder to EMT-basic training bridge course curriculum as described in K.A.R. 109-10-1;

(2) require that each student perform at least one randomly selected, competently performed, objectively graded medical emergency simulation and at least one randomly selected, competently performed, objectively graded trauma emergency simulation as part of the requirements to successfully complete the course;

(3) participation in hospital clinical training and ambulance field training that provide the following:

(A) An orientation to the hospital and ambulance service; and

(B) supervised participation in patient care and assessment, including the performance of a complete patient assessment on at least one patient. In the absence of participatory clinical or field training, contrived experiences may be substituted;

(4) meet or exceed the requirements outlined in the curriculum; and

(5) meet or exceed the required training equipment and supplies necessary to conduct an EMT-basic initial course of instruction as described in K.A.R. 109-10-6.

(e) The primary instructor shall provide the administrator with a complete list of all students enrolled in the course and an enrollment form from each student within 10 days of the first class session.

(f) Each provider shall provide any program documentation requested by the administrator and shall maintain, for a period of not less than three years, the course records specified in K.A.R. 109-10-2(d)(15)(C)-(J), (L), and (M).

(g) Any approved class may be monitored by the administrator or the administrator's designee.

(h) Course approval may be withdrawn by the board if the provider violates any regulation or if a quality course is not maintained. (Authorized by K.S.A. 2000 Supp. 65-6110, 65-6111; implementing K.S.A. 2000 Supp. 65-6111; effective Nov. 9, 2001.)

## Article 12.—AUTOMATED DEFIBRILLATOR TRAINING PROGRAM

**109-12-1.** (Authorized by and implementing K.S.A. 1989 Supp. 65-6149; effective July 17, 1989; amended Aug. 27, 1990; revoked Nov. 12, 1999.)

**109-12-2.** (Authorized by and implementing K.S.A. 1988 Supp. 65-6149; effective July 17, 1989; revoked Nov. 12, 1999.)

## Article 13.—TRAINING OFFICERS

**109-13-1. Training officers.** (a) A training officer I may coordinate continuing education for attendants. A training officer II may coordinate continuing education for attendants and be the primary instructor and coordinate first responder initial courses of instruction.

(b) An initial applicant for training officer I certification shall apply to the board using forms provided by the administrator and shall meet the following requirements:

(1) Verification of certification or licensure as an EMT, EMT-I, EMT-D, MICT, a physician, or a professional nurse;

(2) appointment by one of the following persons:

(A) The chief executive officer or designee of an ambulance service, a hospital, a fire department, or a municipal rescue squad; or

(B) an administrator or designee for an educational institution or organization that conducts EMS training programs; and

(3) successful completion of a board-approved training officer initial course of instruction at the appropriate training officer level.

(c) In addition to meeting the requirements listed in subsection (b), an initial applicant for training officer II certification shall establish current board approval as a training officer I.

(d) Training officer certification may be re-

newed upon meeting all of the following conditions:

(1) Application is made to the board using forms provided by the administrator.

(2) The applicant verifies current certification or licensure as an EMT, EMT-I, EMT-D, MICT, a physician, or a professional nurse.

(3) The applicant verifies appointment by one of the following persons:

(A) The chief executive officer or designee of an ambulance service, a hospital, a fire department, or a municipal rescue squad; or

(B) an administrator or designee for an educational institution or organization that conducts EMS training programs.

(4) As part of the continuing education requirement, the applicant attends, during each year of the biennial period, an approved training officer workshop at the appropriate training officer level and instructs 20 hours of training applicable to EMS values, skills, knowledge, and practice.

(e) Each training officer shall maintain copies of attendance for three years and shall submit these to the board upon request. (Authorized by K.S.A. 1999 Supp. 65-6110 and 65-6111; implementing K.S.A. 1999 Supp. 65-6129c, as amended by L. 2000, Ch. 117, § 4; effective Jan. 31, 1994; amended Nov. 12, 1999; amended Nov. 13, 2000.)

**109-13-3.** (Authorized by and implementing K.S.A. 65-6111, as amended by L. 1993, Chap. 71, Sec. 2; effective Jan. 31, 1994; revoked Nov. 12, 1999.)

## Article 14.—DO NOT RESUSCITATE IDENTIFIERS

**109-14-1. Certification of entities which distribute DNR identifiers.** (a) An organization that distributes "Do Not Resuscitate" identifiers, as defined by K.S.A. 65-4941 and amendments, may be certified by the board if the organization:

(1) applies to the board for certification upon a form approved by the administrator;

(2) has been in operation for at least five years as a distributor of DNR identifiers;

(3) establishes exclusive title to the design or logo of the DNR identifier;

(4) maintains a 24-hour, toll-free, staffed telephone line to verify the identity of a patient in possession of a DNR identifier;

(5) agrees to distribute DNR identifiers that are inscribed with the letters "DNR" or "Do Not Resuscitate," the patient's name, a patient identification number, and the toll-free telephone number of the organization issuing the DNR identifier; and

(6) agrees to distribute the DNR identifier only upon receiving a copy of a properly executed DNR directive in substantially the same form as required by K.S.A. 65-4942 and amendments. (Authorized by and implementing K.S.A. 1995 Supp. 65-4946; effective Jan. 31, 1997.)